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Physical or emotional disabilities in employment and social situations: A comparison of attitudes toward Vietnam veterans and non-veterans

Bonnie Rae Nussbaum
The University of Montana

PHYSICAL OR EMOTIONAL DISABILITIES IN EMPLOYMENT AND SOCIAL SITUATIONS: A COMPARISON OF ATTITUDES TOWARD VIETNAM VETERANS AND NON-VETERANS

By

Bonnie Rae Nussbaum

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Approved by:

Janet P. Wollersheim
Chairman, Board of Examiners

Dean, Graduate School

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ABSTRACT

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Physical or Emotional Disabilities in Employment and Social Situations: A Comparison of Attitudes Toward Vietnam Veterans and Non-veterans.

Director: Janet P. Wollersheim, Ph.D. JPW

This study explored attitudes toward physically or emotionally disabled individuals related to veteran status. Subjects (108 females, 108 males) were randomly distributed among 6 experimental conditions. The 6 conditions were formed by having subjects read sketches depicting the applicant as a physically handicapped Vietnam veteran or non-veteran, an emotionally handicapped Vietnam veteran or non-veteran, normal Vietnam veteran, or normal non-veteran. A 2X2X3 (AXBXC) factorial design was employed with factor A designated the veteran status variable (Vietnam war veteran or non-veteran), factor B designated the sex variable (respondents' sex), and factor C as the handicapping variable (physical, emotional, or none). Subjects read a biographical sketch describing a job applicant's background, viewed a 15-minute videotape of the applicant in a simulated interview with an employer, and indicated whether or not they would hire the applicant. Subjects also evaluated the applicant on several attitude and social rejection measures.

The 2X2X3 ANOVAs revealed no significant differences in social rejection across measures. However, significant sex differences on ratings of confidence in hiring decisions occurred with women being more confident than men in their decisions on hiring. Conversely, men were more confident that they understood the purpose of the study despite results indicating no actual differences. Trends showed sex differences on perceived activity level and understanding of the applicant. There were also some differences in willingness to hire. Ratings revealed several A (veteran status) X C (handicap) interaction trends. The veteran with a physical handicap tended to be viewed as more dangerous than a non-veteran with a similar handicap despite low levels in all groups. Further, subjects in the group exposed to a physically handicapped non-veteran were significantly more likely to have understood the true purpose of the study.

Suggestions for improving future research included increasing the saliency of veteran status and handicap, inserting diagnostic labels, utilizing more severe handicaps, testing other populations, and manipulating the level of post-traumatic adaptive functioning.

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Dedication

This study is dedicated to my parents, Audrey and Raymond Nussbaum, who have always encouraged me to believe that as long as I try, I cannot fail. This is further dedicated to Dr. Wilber E. Scoville, University of Wisconsin-Oshkosh, without whose encouragement, I never would have attempted graduate school. And, lastly, to my committee, Dr. Janet P. Wollersheim (Chair), Dr. G. Leonard Burns, Dr. James Walsh, and Dr. Donald Goldberg for their patience and unending assistance.

Chapter I

Introduction and Literature Review

It has long been known that the conditions of a war situation are stressful. The catastrophic conditions present in war cause overwhelming sensory impingement, often leading to emotional and psychological disorders.

Vietnam War

Conditions unique to Vietnam

In addition to the stressors common to all war situations, the Vietnam war provided some unique stressors. This war was the longest war in American history, lasting officially, according to a proclamation from then-President Gerald R. Ford, from August 5, 1964 to May 7, 1975 (Card, 1983). Thus, officially the Vietnam war lasted ten years, nine months, and two days (Card, 1983). Unofficially, the war endured much longer. The first U.S. soldiers were killed in Vietnam in July of 1959 and the last death was on May 15, 1975 (Andersen, 1985). The sheer duration of this conflict provided additional stress not only for those still fighting, but also for those who had completed their one-year tour of duty and family members back in the United States.

The one-year tour of duty constituted another stress factor (Bourne, 1978; Figley, 1978). The frequent rotation

of soldiers precluded the development of strong ties. The men lacked the emotional support they might have received had they stayed together in units. Frye and Stockton (1982) indicated that the primary motivating force for the soldier in Vietnam was survival, often leading to the development of defense mechanisms such as denial, numbing, and repression to cope with the stresses associated with jungle warfare.

Frye and Stockton (1982) indicated that, while these defense mechanisms facilitated survival, they increased the potential for developing delayed stress reactions upon returning home.

Further stress was caused by the dystonic nature of the war. Many veterans commented on the fact that the behaviors they were commended for in Vietnam were precisely the behaviors they were condemned for in the United States. The world of the soldier was, in many ways, the polar opposite of his world as a civilian. The former stressed dishonesty, secretiveness, and brutality while 18 years of previous learning stressed the opposite qualities. The nature of the war made it difficult to maintain some sense of right and wrong or truth and fallacy. Soldiers developed a mistrust of all Vietnamese since there was no remotely reliable way to distinguish enemy from ally. According to Lifton (1973) they also came to mistrust the official representatives of religion (chaplains) and mental health (psychiatrists) who

were seen as only interested in keeping soldiers healthy enough to fight. DeFazio (1978) quoted Dr. Arnold Johnson as saying "in a war situation the criterion for return to duty was not the absence of symptoms, but rather the ability to perform." These factors and others led to feelings that the war had a total lack of structure or order, no genuine purpose, and no measurable progress.

Another factor exacerbating the stressful situation during the war was the widespread belief that military psychiatry had greatly improved, thus leading to fewer psychiatric casualties (Figley, 1978). This belief led to a complacent attitude toward the mental health problems experienced by veterans. For example, William J. Tiffany, Jr., a physician in the Army Medical Corps, wrote in 1967 that the incidence of neuropsychiatric illness in U.S. Army troops was lower than any recorded in previous conflicts and attributed this lower percentage to the rotation policy and "brief, intensive, sporadic fighting and periods of relative calm and safety interspersed". He also stated that morale was probably better than that observed during previous wars and that the Army Medical Services were of such a high caliber as to represent "a major reassuring factor for the troops involved in combat". Early reports such as these tended to make health professionals as well as policy makers discount the need for any special services for Vietnam

veterans (Bourne, 1978).

Further intensifying the stress already experienced by the soldiers was the brief transition period from the war zone to the United States (Figley, 1978). Frye and Stockton (1982) indicated that, unlike veterans of previous wars, the majority of Vietnam veterans were returned to the United States and their families within 48 hours. Downs (1979) presented the case of a soldier who was shipped home within an hour of having killed someone. He arrived in the U.S. within 24 hours. This lack of decompression time was further exacerbated by the fact that most soldiers returned alone to face the fact that things had changed during their absence and that many civilians opposed the war.

Response to Vietnam

Opposition to the war constituted another stressful situation for the Vietnam veteran to deal with. In many cases, this opposition led to considerable ambivalence concerning the justification of the war and the decision to fight. Many returning soldiers were shocked at the positive responses given to conscientious objectors and the extremely negative responses they themselves received.

Upon their return from Vietnam, many veterans immediately came up against some very negative attitudes from American society. According to Bourne (1978), many veterans were faced with resentment and blame for an

unpopular war over which they personally had no control. Wheeler (1984) stated that in the sixties and seventies Vietnam veterans represented a "painfully unfashionable and burdensome side of life." Many Americans, including some veterans from previous wars, chose to ignore the Vietnam veterans. Other veterans from previous wars felt that they themselves had readjusted admirably and the same should be expected of the Vietnam veterans, not recognizing the many differences between previous wars and Vietnam.

Veterans from previous wars returned to prosperous economies which could absorb them into the labor force (Wikler, 1980). In contrast, Vietnam veterans came back to high unemployment rates and competition from those who had avoided the draft. Kohen and Shields (1980) reported the major reasons for the large unemployment rate among Vietnam veterans were the simultaneous high level of unemployment and the peak in the discharge rate in the 1969-71 period. Another contributing factor was the relative youth of Vietnam veterans. The average age at discharge for Vietnam veterans was 23 in contrast to 25 for Korean War veterans and 27 for World War II veterans (Card, 1983).

However, two factors that tended to artificially inflate unemployment statistics were the fact that virtually all vets were eligible for unemployment insurance benefits and educational benefits (Kohen & Shields, 1980). State veterans

employment representatives relaxed standards for recently discharged veterans to allow several weeks for them to readjust to civilian life. Further, Kohen and Shields suggested that educational benefits, while less than half those offered to vets of WWII (Moskos, 1980), artificially inflated unemployment rates while vets waited to enroll.

In addition to the lack of understanding on the part of family and veterans from previous wars, there existed a definite lack of understanding and support from the Veteran's Administration. Figley and Leventman (1980) stated that during and immediately after the war, the only public programs specifically designed for Vietnam veterans were those to protect the public against the veterans like drug and venereal disease screening programs.

Waller (1980) presented the analogy comparing veterans to immigrants. He stated vets were immigrants in their native land because they had no sure and settled place in society. He saw the task of assimilating the vet into the community as one of reincorporating him into communicative processes, placing him economically in such a way as to make the best use of his abilities, tying him down by membership in the family and other groups, and arranging for him to take his part in the political deliberations of his community.

Current Attitudes

Current attitudes toward Vietnam veterans seem to be

shifting toward a willingness to consider the plight of the veteran and a recognition of the misunderstanding to which they have been subjected. Along with this reassessment of the Vietnam veteran comes the difficult problem of how to go about portraying veterans and their needs. As Wheeler (1984) wrote "When the popular press described us, the Iron Law of Image turned us into people to feel sorry for, people to help". Figley and Leventman (1980) and Goffman (1963) have pointed out that there is a characteristic no-win situation when dealing with this sort of problem on theoretical and policy levels. Concerning the Vietnam veterans, the question of portrayal to the public becomes complicated. Portraying veterans as a largely normal group elicits an apathetic public response. Emphasizing veterans' problems, on the other hand, attracts more publicity, but also supports prevailing stereotypes and stigma.

Attitudes

Attitudes toward veterans are often similar to those directed at other stigmatized groups such as the physically or emotionally handicapped. This point becomes particularly important when dealing with those who have multiple stigma, such as the veteran who is physically disabled or emotionally handicapped.

Attitudes toward physical disabilities

In general, the study of attitudes toward physical disabilities is a relatively recent endeavor. For example,

paralysis has been with the human race since ancient times as evidenced by the writings of the Romans and Greeks. However, the necessity for an understanding of the needs and desires of paralyzed individuals did not reach a crucial level until relatively recently. This is directly related to the number of paralyzed individuals in existence. Saltman (1960) noted that the majority of spinal cord injuries resulted in death until recently. Fully 90% of the Americans with spinal cord injuries during World War I were dead within a year of receiving their wounds. During the Vietnam war the superior medical techniques resulted in a greatly lowered death rate among soldiers with limb loss and spinal injuries. Consequently, there is a far higher proportion of disabled veterans than after earlier wars (Freidel, 1978). DeFazio (1978) concurred with Freidel's statements and indicated that the nature of the combat in Vietnam, the type of wounds inflicted, and the excellent medical care resulted in a higher incidence of certain complicated disabilities such as multiple amputations, paraplegia, and hemiplegia. Between January of 1965 and January of 1972, U.S. military forces sustained 303,598 injuries with over half (153,291) requiring hospital care (Johnson, 1980). With such a dramatic increase in the number of individuals with such injuries, it became a more pressing issue to examine society's attitudes toward physical handicaps.

The sixties saw a literal explosion of research in the

area of attitudes toward physical disabilities. Goffman (1963) argued that interactions between physically disabled and physically normal people would be characterized by anxiety and would tend not to flow smoothly. Richardson, Hastorf, Goodman, and Dornbusch (1961) found that non handicapped individuals experience uncomfortableness and uncertainty when interacting with a physically disabled person. Kleck, Ono, and Hastorf (1966) found that subjects generated significantly greater Galvanic Skin Responses when interacting with a physically disabled confederate than with a physically normal confederate. Kleck (1966) also found evidence to suggest that subjects were less comfortable when interacting with a disabled confederate.

An experiment which was conducted by Tringo (1970) examined a hierarchy of preference toward disability groups. He postulated that the least-preferred disability groups would experience the greatest difficulty in becoming part of the community regardless of their physical and mental capabilities. His results showed a consistent order of preference toward various disabilities, including ulcers being least rejected at number 1, amputees were number 6, cancer was at number 10, paraplegia at number 12, alcoholism at number 20 and mental illness at 21. Tringo concluded that a hierarchy of preference existed that consistently established the relative position of a specific disability within the hierarchy. Demographic variables affected the

extent of social distance expressed toward specific disability groups, but not the relative position. Females expressed less social distance and more acceptance toward disability groups than did males. This hierarchy would seem to have important implications for gaining acceptance of these various disability groups.

Rickard, Triandis, and Patterson (1963) conducted a study in which samples of personnel directors and school administrators made decisions to hire or not hire several types of disabled subjects for either an accounting or teaching position. Judgments were based on four dimensions: disability (deaf, wheelchairbound, epileptic, former psychiatric patient, ex-prisoner, tuberculosis patient, and non-disabled), sex, competence, and sociability.

Greatest prejudice was shown toward the epileptic, ex-prisoner, and former psychiatric patient with relatively more prejudice being directed at all disability groups than the non-disabled. Sex was only influential in the cases of ex-prisoners and ex-mental patients where females received greater prejudice. Competence and sociability were both found to be significantly related to the hiring decision.

Kleck (1968-69) examined the effects of physical stigma on nonverbal cues emitted in face-to-face interactions. Kleck examined the amount of eye and body movement, motoric activity, types of impression formations, and the extent of opinion distortion engaged in by subjects who were inter-

acting with handicapped and nonhandicapped confederates. The most informative aspect of his study in relation to the current study concerns the area of impression formation and opinion distortion. Kleck attempted a partial replication of results obtained by Barker, Wright, Beatrice, Meyerson, & Gonick (1953) and Ray (1946) which found that when individuals were asked to form impressions of disabled and nondisabled confederates they tended to consistently report a more favorable impression of the former. Kleck's study offered a careful examination of this because the same stimulus confederates played both the disabled and non-disabled roles indicating any differential impressions were due to the presence or absence of the disability. The results indicated a small, but consistent difference in impressions with the more positive impressions directed toward the disabled. Thus, it seems when respondents are aware someone is assessing their attitudes toward disabilities, they respond in the socially desirable manner.

Another interesting replication within the Kleck study concerned opinion distortion. The results of an earlier study (Kleck, et al., 1966) indicated subjects interacting with a disabled confederate tended to represent their opinions as more anti-sport and pro-academic achievement than they actually were as measured by a supposedly anonymous questionnaire a month later. That study utilized a matched

groups design whereas the later study had each subject serving as his own control. These results offered strong support for the hypothesis that individuals will attempt to appear more anti-sport than they actually are when dealing with a handicapped individual. Support was also offered to the hypothesis that individuals would attempt to appear more pro-academic achievement than they actually are. However, this did not reach an acceptable level of significance. These results are important since they lend support to the hypothesis that individuals interacting with handicapped subjects think and react differently than individuals interacting with normal subjects. Again, it seems respondents will answer in the socially desirable manner when they are aware their opinions are being monitored.

Kleck's (1968-69) results indicated in general that nonverbal behavior is greatly curtailed in the presence of a disabled person and that these differences are more striking when the respondent is listening than when talking. This has direct implications for the current investigation in that a major portion of a job interview consists of the employer asking questions and listening to detailed responses. According to Kleck's results, these long listening periods would cause a greater curtailment of nonverbal behavior. These results were also supported by findings of Kleck, Ono & Hastorf (1966) which indicated overall that subjects interacting with a physically disabled person, as opposed to

a nondisabled person, would terminate the interaction sooner, demonstrate less variability in their verbal behavior, and would express opinions which were less indicative of their own beliefs and more of what they stereotypically thought the handicapped person believed. Kleck believed this last result occurred because the person attempted to minimize the anxiety of the situation and did so by distorting her/his opinions.

Davis (1960-62) suggested that the threat posed to interactions by the presence of a handicapping condition is at least fourfold: its tendency to become an exclusive focal point of the interaction, its potential for inundating expressive boundaries, its discordance with other attributes of the person, and its ambiguity as a predictor of joint activity. These factors are not discrete, but interact to strain the relationship. The handicap tends to become the focal point of the interaction through an underlying, narrowed awareness of it which causes the interaction to be defined too exclusively in terms of the handicap.
The physical handicap itself also strains the interaction by presenting a contradiction to other attributes of the individual. For example, people may be astounded by the intellectual, social, mental, and occupational accomplishments of a handicapped individual. There is a discordance between what is expected and what is, in reality, true. To borrow a notion from feminist

psychology, this is the dancing dog syndrome: it's not so astonishing that the individual does these things well, but that s/he does them at all (Ozick, 1971). Goffman (1963) stated the stigmatized subject may be self-conscious because his minor accomplishments are assessed remarkable and noteworthy under the circumstances. At the same time, he pointed out that minor failings or improprieties may be interpreted as a direct expression of her/his stigma. He presented the example of ex-mental patients who are afraid to engage in sharp interchanges with spouses or employers because of what such a display might be taken to mean. This can also be said about ex-convicts, ex-veterans, and a host of other stigmatized groups.

A further problem in interacting with the handicapped individual is the considerable ambiguity with regard to the person's ability or desire to participate in certain events and the difficulty in ascertaining these abilities and desires. This problem also operates reversibly in that, once asked to participate, the handicapped individual must decide if the offer is sincere or merely an attempt to "do the right thing". All of the above difficulties have direct implications for the employment interview. How does an employer ask about the interviewee's limitations without apearing discriminatory? How does one show the proper amount of admiration for achievements without appearing to patronize? These ideas must be dealt with effectively in

order to conduct a smooth transition from aloofness to a relationship.

When doing research on physical handicaps one generally is focused on a visible entity which is obvious. Such is not the case with emotional disorders which are intangible.

Attitudes toward emotional disabilities

In general, research into attitudes toward individuals with psychological disorders indicates a low level of tolerance for and acceptance of these individuals. Since psychiatric treatment is the number one reason Vietnam veterans have been hospitalized (Bitzer, 1980), it is important to examine attitudes toward psychiatric illness.

Farina, Holland, and Ring (1966) examined the role of the stigma of mental illness on the amount of pain inflicted and how favorably a subject was judged. Their results showed that the individual perceived as abnormal because of mental illness was treated in a harsher manner than the individual described as normal. These individuals were also described as less adequate in performance, although there was no objective basis for this judgment, were less well liked, and subjects preferred no further interaction with them.

Phillips (1963) found that the amount of rejection an individual incurred by seeking help for mental disorders is related to the help source chosen. His results showed that individuals exhibiting identical behavior were

increasingly rejected as they were described as utilizing no help, utilizing a clergyman, a physician, a psychiatrist, or a mental hospital. Controls for age, religion, education, social class, and authoritarianism failed to diminish the relationship, but controls for experience with an emotionally disturbed person and for adherence to the norm of self-reliance tended to specify it. Obviously these findings have major implications for Vietnam veterans who seek help for mental disorders from Veteran's Administration hospitals. The greater possibility of rejection is compounded by the veteran's mistrust of and desire to avoid the Veteran's Administration.

Stensrud and Stensrud (1980) posed the question of whether post-illness adjustment would mediate the rejection directed toward the mentally ill. They examined whether individuals perceived an ex-mental patient who subsequently had stabilized his disability and appeared to be a successfully adjusted normal individual as different from someone who had not been admitted for psychiatric treatment. Their results showed subjects perceived themselves as more internal, less controlled by chance, and less controlled by powerful others than the ex-mental patient. Taking these results into account, it would appear that an ex-mental patient would have difficulty in any situation, including the job market, where responsibility is an issue.

Farina and Felner (1973) examined employment interviewer

reactions to former mental patients. A male confederate portraying a job applicant obtained employment interviews at many manufacturing establishments and either presented himself as an individual who had been traveling for the previous 9 months or who had been in a mental institution for the same period of time. Results indicated a history of mental illness led to a trend for fewer jobs to be offered, less friendly behavior on the part of the interviewers, and to a lowered estimated probability of finding a job. These results supported results previously obtained by Olshansky, Grob, and Malamud (1958). In a survey of 200 employers, 25% indicated they would not hire an ex-mental patient. Further, 40% of those who were willing to hire an ex-mental patient said they would hire only if the job was a low stress job.

Balleweg (1983) conducted a study exploring the long-term effects of mental illness. His research was designed to test the hypothesis that diagnostic labels given to subjects exhibiting deviant behavior produced lasting social stigmatization. This study employed a 2X2X5 (AXBXC) factorial design. The sex of respondent was designated the A factor. Factor B was the presence or absence of a diagnostic label and factor C was one of five patterns of symptomatology.

All subjects in this study were told that they were participating in a study designed to evaluate inventories for assessing employers attitudes toward job applicants. Subjects

were asked to read a biographical sketch describing a job applicant's background, to view a 15-minute videotape of the applicant in a simulated interview with an employer, and to indicate whether or not they would hire the applicant. Subjects also evaluated the applicant on a variety of attitudinal and social rejection measures.

The 10 experimental conditions in this study were determined as follows: five of the biographical sketches contained descriptions of behaviors that characterized paranoid schizophrenia, major depression, alcoholism, a non-specific mental illness, and a normal control individual. Four of the remaining five sketches contained identical information but also had appropriate diagnostic labels attached and the fifth sketch served as a second control.

Balleweg's results showed that, in general, the abnormal behavioral descriptions consistently received higher social rejection ratings, indicating rejection, than control conditions, but did not differ significantly from each other. No significant labeling effects were obtained on any measure.

One factor moderating rejection of the mentally ill individual is sex. Farina, Murray, and Groh (1978) conducted a study examining the effects of sex in both subjects and confederates. Their results indicated two rather clear sex differences. First, men held unfavorable opinions of ex-mental patients regardless of the patient's sex. Second, a male ex-mental patient is treated more

poorly than a female ex-mental patient with an identical psychiatric history. Balleweg's (1983) results indicated the opposite trend. A significant sex effect was obtained on several dependent measures, with females consistently evaluating the applicant more negatively than males. Other studies have indicated strong sex differences. Farina, Felner, and Boudreau (1973) found that the sex of the respondent or the confederate or both seemed to be important variables in the acceptance granted ex-mental patients. These results lead to obvious considerations when Vietnam veterans (usually male) seek employment from male interviewers and attempt to work with male co-workers.

Farina (1981) examined gender patterns in the research on treatment of stigmatized people by others. He noted three trends: 1) gender inconsistencies regarding what people say they feel about mental patients and how they act toward them, with both males and females expressing similar feelings, but females behaving more positively toward mental patients, 2) results showing women as less rejecting and more favorable in action toward mental patients than men, and 3) results showing harsh treatment as more likely to be directed at male mental patients than at females.

In addition to the attitudes subjects hold toward ex-mental patients, the patient's own attitudes can have considerable influence upon any interactions. Farina, Allen, and Saul (1967) suggested that possibly the stigma is as

salient for the afflicted as the observer. They tested this hypothesis by informing subjects that another subject would believe them to be mentally ill, homosexual, or normal. Actually the individuals receiving the information all received the normal description. Subjects were then assigned a task that involved working together with their partner. Results indicated that subjects who believed their partner thought them to be mentally ill were acutely aware of this fact and behaved differently. Whereas the normal and homosexual groups performed approximately the same, the mentally ill group performed significantly better. These researchers hypothesized this was due to the subjects in the mentally ill condition trying to prove themselves to be adequate in the situation. An examination of verbal interchange showed the stigmatized subjects spoke for a shorter period of time and initiated fewer conversations with their partner in the mentally ill and homosexual groups than did the subjects in the control group. These results indicate that if an individual believes he is perceived in an unfavorable way by another person, his behavior on subsequent interactions is affected independently of the other person's actions.

The above research points to the conclusion that the emotionally or mentally disabled person will have a more difficult time in many areas of life. Aside from what is known about attitudes toward broad categories of mental

illness and emotional disorders, research is being done in specific areas of these disorders such as post-traumatic stress disorder (PTSD). This work is relatively recent since the category itself is relatively recent.

Recent Changes

Recognition of Posttraumatic Stress Disorder

In the past, traumatic stress disorders have been defined almost exclusively in relation to war situations. During and after World War I, the term "shell shock" was used to describe this psychological phenomenon. World War II brought forth terms such as "combat fatigue" and "traumatic war neurosis" to describe the psychiatric disability resulting from battle. This interest culminated in the inclusion of a category, "gross stress reaction", in the Diagnostic and Statistical Manual - I (DSM-I) published in 1952. This reaction was described as a response to a great or unusual stress that evokes overwhelming fear in a normal personality. This description, however, also stated that the disorder was transient and reversible; notions which have been changed inDSM-III (Andreasen, 1985).

During the 1940's and 1950's, posttraumatic stress disorders were applied to non-combat related disorders. Alexandra Adler (1945) utilized this concept when describing the aftereffects of the Coconut Grove disaster. During the 1960's much work was done to expand the concept to include other stressors. However, when DSM-II was published in 1968,

no category existed for the diagnosis of posttraumatic stress disorder; "gross stress reaction" had disappeared from the manual with no replacement offered. During the Vietnam conflict, many classification titles were used for the same general symptomatology, including delayed stress syndrome, post-traumatic neurosis, post-combat syndrome, post-Vietnam syndrome, and post-traumatic stress disorder (PTSD).

DSM-III (1980) again offered a category for severe stress reactions, thus removing some of the ambiguity. This disorder, called "posttraumatic stress disorder", was characterized by reexperiencing the trauma, numbing of responsiveness, hyperalertness, sleep disturbance, survival guilt, memory impairment, avoidance of reminders of the trauma, and/or intensification of symptoms when in a situation that was reminiscent of the trauma.

Currently, the view of such disturbances has been widened to include catastrophic disasters such as the Buffalo Creek Flood (Lifton & Olson, 1976), and the collapse of the skywalks at the Hyatt-Regency Hotel (Wilkinson, 1983), and other crisis situations, such as the Chowchilla school bus kidnappings (Terr, 1980), the aftermath of burn injuries (Andreasen, et al., 1971, 1972), rape (Norris & Feldman-Summers, 1981) and closed head injuries (Miller, 1965).

Recently, effort has been put forth to recognize various special groups such as Vietnam veterans and the handicapped. These efforts have led to greater understanding and

reconsideration with subsequent work toward changing policies and procedures regarding these groups.

Reconsideration of Handicapped Individuals

Handicapped individuals are currently enjoying the amount of change in policy and behavior directed toward their situation. Nineteen seventy-seven was the International Year of the Handicapped, and this general campaign gave impetus to more specific consciousness-raising activities including the National Employ the Handicapped Week which was held in October of 1983. Closely aligned with these activities was the effort to change long-standing attitudes toward handicapped individuals. Much has been written recently about the stability of handicapped individuals as employees and their rights concerning job status.

Several major pieces of legislation, most importantly the Rehabilitation Act of 1973, point to the increasing awareness of the rights and needs of handicapped individuals. Section 504 of this act requires all recipients of federal funds - whether in the form of a grant or a contract - to review and, if necessary, modify their programs and activities so that discrimination based on handicap is eliminated. The objective of Section 504 is not to provide for rehabilitation or personal needs of handicapped individuals, but for civil protection against discrimination in such areas as employment and education. Specifically, Section 504 states:

> No otherwise qualified handicapped individual in the United States...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance, or under any program or activity conducted by any executive agency or by the United States Postal Service (Federal Programs Advisory Service, 1979).

With passage of the Rehabilitation Act of 1973, Congress required that federal fund recipients make their programs and activities accessible to handicapped individuals. In April of 1976, Executive Order 11914 called for the Department of Health, Education, and Welfare to issue general standards and procedures for all funding agencies in developing individual sets of Section 504 regulations. In 1980, President Carter signed Executive Order 12250 which transferred lead agency coordination power from H.E.W. to the Department of Justice. In 1978, Congress passed the Rehabilitation, Comprehensive Services, and Developmental Disabilities Act which amended the Rehabilitation Act of 1973 and extended coverage to include any program or activity conducted by an executive agency or the United States Postal Service (Federal Programs Advisory Service, 1979).

According to Section 504 a person is handicapped if s/he: (1) has a mental or physical impairment which

substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment (Federal Programs Advisory Service, 1979). It is important to note the inclusion of mental impairments which includes mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Drug addiction and alcoholism are also considered handicapping conditions.

This law also covers general architectural accessibility requirements, accessibility requirements for federally assisted facilities, general employment procedures concerning handicapped individuals, and enforcement of these laws, and treatment of non-compliance with these laws.

Reconsideration of Vietnam Veterans

Vietnam veterans are also the focus of considerable attention at the present time. The dedication of the Vietnam veterans war memorial in Washington D.C. marked the beginning of efforts to show appreciation to Vietnam veterans. In 1980, Charles Moskas noted the "striking lack of concrete appreciation on the part of the U.S. government to Vietnam veterans." With the dedication of the Vietnam veterans war memorial, Wheeler (1984) suggested that the "prolonged denial phase may be winding down".

While some are focusing on the tangibles now being made available to veterans, others have focused on the plight of the Vietnam veteran in other arenas such as employment and

social relationships.

J.J. Card (1983) conducted a study of 1500 men who completed high school in 1963. They were first examined as 9th graders in part of a larger effort called Project TALENT, which detailed the boys' academic abilities, personalities, and plans for further schooling and work. Card then studied these men in 1974 and 1981 when they were 29 and 36 years old respectively. She divided these 1500 men into 3 matched groups: those who served in Vietnam, those who served elsewhere, and those who had never served.

Card's design offered many advantages over earlier studies of war veterans because it built upon the data collected in Project TALENT. That project was a large-scale research project begun at the American Institutes for Research in 1960. In the spring of that year, 375,000 Americans representative of the 8 million students then in high school filled out 25 tests of cognitive abilities, 37 tests of knowledge in various fields, 13 personality scales, 17 vocational interest scales, a 394-item inventory of activities, family and home characteristics, and plans for the future in terms of education, career, and military service.

Several longitudinal follow-up studies have since been conducted at one, five, and eleven years after participants' expected graduation in order to identify factors that have helped or hindered American youth in the transition to adult-

hood. Thus, when the Card study was selected by the National Institute of Mental Health for funding, there was a strong data base upon which to draw. This allowed for tight controls to be introduced which would not otherwise have been possible in a national survey. Further, statistical weighting procedures had previously been developed by TALENT staff allowing certain sub-samples to be representative of the entire 1960 high school population from which they were drawn. These weighting procedures were also utilized in Card's study. In addition, the longitudinal nature of the TALENT project allowed for documentation of antecedents of Vietnam-era service, as well as its short- and long-term consequences.

Card chose to focus on the individuals who were freshmen (9th graders) in 1960 rather than sophomores, juniors, or seniors for two reasons. First, 9th graders surveyed in 1960 were the most likely group to have been subjected to the draft and to have served in Vietnam. Second, any TALENT sample, because it involved people who were in high school in 1960, potentially underrepresented subjects at the lower extremes of mental and physical abilities, i.e. those who never reached high school were excluded from the TALENT population. Thus, 9th graders were the least biased in this respect since subjects in this cohort who dropped out in grades 10, 11, or 12 were included. Card thought it was important to remember military pre-induction examinations

also eliminate those who do not reach minimum requirements. Also, upon separation from the military fully 80% of Vietnam-era veterans were high school graduates, thus this bias may not be as important as previously thought.

Another advantage of the Card study was the high response rate compared to other studies of this nature. A random sample of 1,385 veterans was selected as the study's target veteran sample. Of these 1,385 veterans, 1,243 (90%) were located and 1,119 (81%) had information regarding service in Vietnam. The 266 (19%) who were not located or who were deceased were replaced with other veterans matched to the original veterans on over 50 key demographic, cognitive, and sociopsychological variables. In the same way a group of potential non-veterans was generated and efforts to obtain their cooperation were initiated. In all, 481 Vietnam veterans, 502 non-Vietnam veterans, and 487 non-veterans participated. These numbers were 80%, 89%, and 73% of the respective located target groups.

Overall, Card's study corrected several methodological problems of previous studies: inclusion of a control group allowed for attribution of problems to military service; matching allowed for possible determination of the cause of problems as a result of preservice variables or military experience; the information on preservice characteristics was obtained during childhood, not retrospectively, which allowed for less bias due to time passage and cognitive factors; the

longitudinal aspects of Card's study allowed for statements regarding long-term consequences of military service, plus the nature of the sample allowed for both generalization and specificity when discussing the results of this research.

Card's 1974 results showed a greater proportion of the two groups of veterans in jobs in business administration, technical jobs, mechanics, and the industrial trades. A greater proportion of non-veterans were in engineering, physical science, mathematics, architecture, general teaching, social services, general labor, and public services. Non-veterans tended to have draft exempt jobs and jobs requiring a college education. Vets had jobs requiring postsecondary vocational training. This was consistent with educational patterns previously reported: significantly more veterans than non-veterans obtained vocational degrees. These different jobs contributed to differential incomes between the groups. On average, in 1974, vets were earning $.45 per hour less than non-vets. This amounted to $1400 less per year for vets.

At age 29 there were no significant differences in job satisfaction among the 3 groups. In general, non-veterans were more demanding of comfort-, power-, and independence-related aspects of the job than were vets. Card suggested these differences may have been reflecting characteristics of the different jobs held or the fact that vets were accustomed to having little comfort or control over their situation.

When career goals were analyzed, results indicated vets were motivated and ambitious.

When tested in 1981, the men were 36 years old and it had been 10-15 years since they had returned from service. Results showed a moderate amount of individual shifting across career groups: 41% of Vietnam vets, 40% of non-Vietnam vets, and 34% of non-vets changed career groups from age 29 to 36. Yet, by 1981 vets had more firmly established themselves in business and industry, while the non-vets continued to dominate the academic, professional, and public service fields.

When a job prestige score was assigned to each occupation, results showed Vietnam vets were holding jobs with less prestige than non-vets or non-Vietnam vets. The results were statistically significant, but not substantial.

In 1981 there were significant income differences evidenced. Veterans were earning $1.50 less per hour than non-vets, or a difference of approximately $3000 a year. Among vets, those who were drafted had lower incomes at age 36 than those who enlisted. Men who joined the military before 1966 had lower incomes at 36 than those who joined in or after that year. And men who were disciplined formally in service had lower incomes at 36 than those who were never disciplined. In addition, vets experienced greater job instability over the 20 year period from 1961-1981. Vets held a greater number of civilian jobs and had experienced

more unemployment than non-vets.

When comparing the groups of veterans, some interesting patterns surfaced. A smaller proportion of Vietnam veterans had been unemployed during the 20 year period than non-Vietnam vets, yet the Vietnam vets' unemployment periods were longer. Thus, it appeared that Vietnam veterans were less willing to take transitory, short-term jobs than their non-Vietnam vet counterparts.

Other economic indicators of status, such as percentage owning their own home, percentage free from credit problems, percentage paying their bills on time, percentage with one months income saved, showed no differences among the 3 groups. One-third of all vets owned their home through the G.I. bill.

Unemployment among the 3 groups showed an erratic, cyclical pattern. In 1970, 71, 75, and 80, unemployment rates were up for all groups. In general, rates for the two veterans groups were higher than for non-veterans. The differences were largest between 1968 and 1972, the years of the veterans' reentry. The two veterans groups evidenced an interesting pattern. In 1969 and 1971, immediately following the vets' return to civilian life, the unemployment rate for Vietnam veterans was higher than that for non-Vietnam vets. After 1975, this pattern reversed. Yet, while Vietnam veterans caught up with non-Vietnam veterans in terms of employment, they did not catch up in terms of income or job

prestige.

When focusing on education, it became apparent that veterans and non-veterans did not differ in the average number of years of schooling they had completed by age 36. However, they did differ in terms of when and where this schooling was obtained. Non-veterans completed their schooling earlier and obtained college (non-vocational) degrees. The data gathered in this study showed that, on average, each additional year of schooling added significantly more to the job prestige of non-veterans than to the 2 veterans groups. That same additional year of schooling added $.97 per hour ($2,190 per year) to non-veterans' pay, but only $.66 per hour ($1,598 per year) to Vietnam veterans' pay and $.34 per hour ($906 per year) to non-Vietnam veterans' pay.

Card examined several possible explanations for these discrepancies:

1). Non-veterans get a higher payoff on their schooling because they obtain college vs. vocational degrees.

2). Veterans finish school later and this study did not give the veterans' education time to pay off.

3). Non-veterans acquired more seniority on their jobs due to finishing school earlier and not changing jobs as frequently.

4). Environmental conditions such as the economic situation and anti-war sentiment made it more difficult for

veterans to obtain employment.

5). Veterans have more severe psychological problems than non-veterans.

6). Some veterans have had combat experience, the after-effects of which hampered their occupational adjustment.

Card's results indicated none of these explanations was strongly associated with job prestige or income. None could be used to explain the group differences in prestige and income returns on educational investment. She concluded that non-veterans were able to get more occupational returns for their educational investments than veterans.

Card concluded that military service, especially service in the Vietnam fire zone, resulted in career-related deficits for Vietnam-era veterans including higher unemployment rates, lower job prestige, and lower income relative to their matched ninth-grade classmates who did not serve. The income deficit was found as late as ten to fifteen years after the veterans' reentry into civilian life. It remained when educational and other differences among the groups were controlled. All major subgroups of veterans--white and non-white, economically advantaged and disadvantaged, bright and less bright--were hurt in relatively equal fashion. She stated that careers of veterans who served in the Vietnam fire zone were impeded more severely and in longer-lasting fashion than were careers of veterans who were never assigned

to Vietnam.

Card examined the physical, social, and psychological health of the three groups of men. Her results indicated that postservice social and psychological problems stemmed from service in a war zone, not from the military experience itself. Those experiencing heavy combat were especially vulnerable to long-term psychological consequences. In contrast, military service outside a war zone could and did contribute to personality development, especially in the areas of sensitivity, interest in people, tidiness, leadership, and maturity.

Card also found that military service during the Vietnam era was marked by relatively high levels of drug and alcohol consumption. She found, however, that these high levels of use were abandoned for the most part after the service stint. By age 36, veterans reported slightly higher usage of cigarettes, alcohol, and other drugs, but these differences were not statistically significant.

At age 36, Vietnam veterans reported significantly more problems relating to nightmares, loss of control over behavior, emotional numbing, withdrawal from the external environment, hyperalertness, anxiety, and depression. Card concluded that these PTSD-related symptoms persisted a full decade after return from the service and were related to the severity of combat experienced, not background characteristics of the individual soldier or his general military behavior

and adjustment.

Examination of the social-health status of the three groups indicated the Vietnam vets were slightly more socially troubled than the other two groups, but the general pervasiveness and severity of the problems were at low levels. The only group differences that did reach statistical significance concerned problems dealing with being convicted of a misdemeanor or felony at least once since 1960, getting along with wife or girlfriend, and having someone to whom one could feel emotionally close. The first two were significant at the .05 alpha level. In addition, 43.7% of Vietnam veterans felt they were not emotionally close to anyone. This was significant at an alpha level of .001.

Significant differences were found in anxiety and depression, with Vietnam veterans reporting higher levels of both as compared to the other two groups of men. Vietnam veterans were especially susceptible to being startled by random noises, feeling fearful for no apparent reason, feeling lonely, and feeling things wouldn't be any better the next day. All psychological problems were confined to those men who served in Vietnam; the men who served outside of Vietnam were comparable psychologically to the men who never served. Many more Vietnam veterans than non-Vietnam veterans believed that the service was responsible for their problems.

Card found that the PTSD-related symptoms were moderated

by the presence of a spouse and being a churchgoer. These symptoms were not associated with subsequent occupational achievement, as indicated by income or prestige. Card (1983) concluded that a person can be troubled by combat-stress disorders and yet function competitively on the job. The strains become obvious in nonwork-related areas. Her conclusions point to the need for further investigation of the specific attitudes others hold toward Vietnam veterans which may contribute to their situation.

In sum, research indicates an intolerance of the handicapped individual regardless of whether the handicap is physical or emotional. Since much research in these areas is older and there are some observations which point to a shifting of attitudes, it is important to assess current opinions toward these groups.

Rationale for Present Study

The current study is important for several reasons. First, over ten years have passed since the end of the Vietnam war and many of the younger individuals now interacting with veterans from this conflict know of it only through vague memories or history classes. It must be recognized that soon younger-aged individuals in the American population will be responsible for many of the decisions that govern veterans' lives, especially concerning employment. Therefore, it is important to assess this cohort's attitudes toward veterans.

Second, since employment and social relationships are two of the most important aspects of a person's existence, the current study has chosen to focus on these areas. Results obtained in the current investigation then should have some implications for possible areas where change may be needed.

Experimental Proposal

The current investigation was designed to illuminate differential treatment of an emotional versus a physical disorder with relation to military service during Vietnam.

In designing the current study, consideration was given to certain methodological issues discussed by Balleweg (1983). First, the method of presenting the confederate to the subjects may be an important factor when considering the results, or lack thereof, in a particular study. Balleweg suggested that many studies present the confederate in intangible ways such as through vignettes or case abstracts (Bentz & Edgerton, 1974; Kirk, 1974, 1976). He pointed out that Loman & Larkin (1976) have criticized this approach since subjects are required to respond to a nonentity rather than a real individual interacting within a specific situational context. This problem can be corrected through the use of videotaped presentation of the confederate.

The second methodological concern focused upon by Balleweg was differential control of demand characteristics. Utilizing an interview method of investigation can confound results with the respondent's desire to please the interviewer

(Brockman et al., 1979). Further, many studies were conducted in settings which pulled for sympathetic attitudes. Lehmann et al. (1976) indicated these settings confounded results and therefore a disguised setting is preferred to minimize the tendency to respond in the socially desirable manner. Thus, in the present study subjects will be blind as to the true purpose of the investigation and will respond to the video-tape through more anonymous means than personal interviews, i.e. questionnaires.

Third, Balleweg suggested that a short-range or long-range focus can also affect the results obtained in an investigation. For example, a period of adequate functioning following treatment might mediate the attitudes of individuals toward the person treated. This research was specifically designed to determine if stigmatization remains following a period of successful post-treatment fuctioning.

Fourth, Balleweg focused on the wide variety of dependent measures utilized to assess social rejection (Brockman et al., 1979). Balleweg fostered the idea that the results obtained in a given study may be a function of the measure of social rejection employed. Thus, utilization of multiple dependent measures to assess attitudes appears to be an important factor in the understanding of such attitudes.

The aforementioned methodological concerns were taken into consideration for the present study. Specifically, this study was concerned with the question of whether or not

military service in the Vietnam war mediated the reactions directed toward individuals with physical and emotional handicaps.

To test that assumption, six groups of college students were asked to view a simulated videotape of an individual applying for a job and were subsequently asked to rate that individual on several measures of social rejection. Prior to the videotape, subjects were given a biographical sketch to read which contained one of six possible descriptions of symptoms associated with a previously treated mental or physical condition (traumatic stress disorder - war precipitated, traumatic stress disorder - disaster precipitated, physical injury due to war, physical injury due to a natural disaster, normal war veteran, and normal non-veteran). Each of the 6 groups was formed by randomly assigning 18 males and 18 females to a group so analyses for gender effects could be performed.

To assess the long-term effects of disorders, the biographical sketches for all conditions contained information suggesting a high level of posttreatment social and occupational adjustment. Further, the actor portraying the applicant in the videotape followed a script (Appendix O) designed to make him appear normal in all respects. This script was closely modeled after the one utilized by Balleweg (1983).

Four hypotheses were generated for this research:

1. Vietnam veterans would receive significantly different social rejection scores from non-veterans across all dependent measures. Direction was not predicted since many of the studies in this area are older and may not accurately reflect current attitudes.

2. Female respondents would assess significantly lower (less rejection) social rejection scores than males across all dependent measures. This prediction is based on previously cited research (Farina, 1981; Farina, Murray, and Groh, 1978), which supported this relationship.

3. Physically handicapped (paralyzed) individuals would receive lower (less rejection) social rejection scores than emotionally handicapped (traumatic stress disorder) individuals across all dependent measures. This prediction is based on the previously cited research (Rickard, Triandis, and Patterson, 1963; Tringo, 1970) which showed this relationship. Further, both physically and emotionally handicapped individuals would be more rejected than either control group.

4. There would be significantly different degrees of dangerousness assigned to the six conditions. Again, no direction was predicted. Balleweg (1983) predicted different degrees of dangerousness would be assigned to his various stigma groups and although he obtained no results to support this hypothesis, it is logical such a difference may occur in the present study. However, because current attitudes toward

Vietnam veterans and the handicapped may be changing, the direction of these differences was not predicted.

An alpha level of .05 was selected to indicate significance.

Chapter II

Plan of Study

METHOD

Experimental Design

The experiment employed a 2X2X3 (AXBXC) factorial design. The A factor was designated as the veteran status variable, either a Vietnam war veteran or a non-veteran. Factor B represented the sex variable, respondents being categorized as male or female. Factor C was designated the handicapping variable, either physical (paralysis), emotional (traumatic stress disorder), or none (control). See Figure 1 for a graphical representation of the research design.

Subjects

Subjects for the current research were 108 male and 108 female students enrolled in undergraduate psychology and sociology courses at the University of Montana. Studentswere given class credit for participating in the study. These students were told they were taking part in a study designed to evaluate different devices for measuring employers' attitudes toward job applicants. Six groups were formed by randomly assigning 18 males and 18 females to each of the 6 treatment conditions described below.

Procedures

Upon entering the testing facility, subjects were given a packet containing a demographic sheet (see Appendix A), description of the study (see Appendix B), one of the

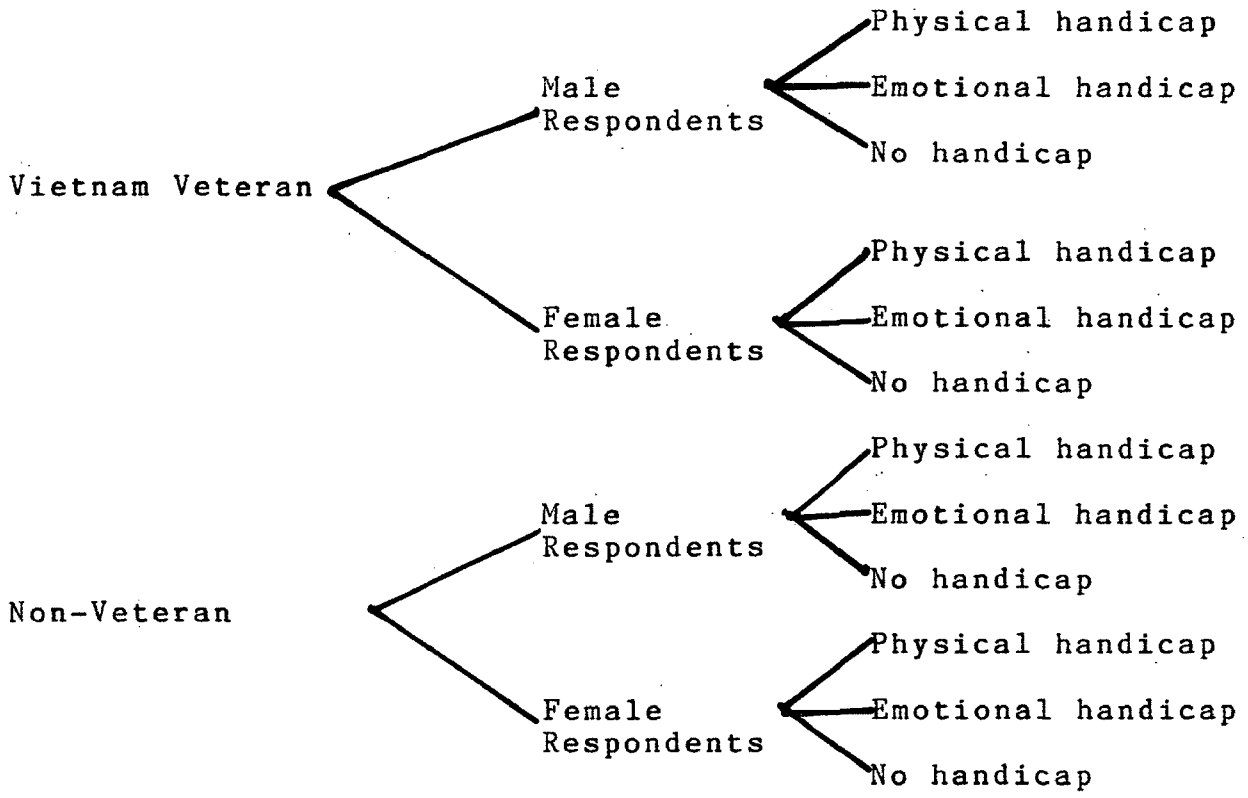

Figure 1.

Graphic Portrayal of Experimental Design

six possible biographical sketches (see Appendices C-H), and a copyof each dependent measure (see Appendices I-N).

Subjects were asked to read a cover sheet in which the study was described as an assessment of the usefulness of various devices in helping employers evaluate job applicants. This cover story was utilized to minimize demand characteristics to answer in a socially acceptable way. Subjects were asked to read the introductory statement to themselves while the experimenter read it aloud.

Subjects then read a behavioral description of an applicant which included one of six possible biographical histories: a veteran with paralysis due to a war injury in Vietnam (see Appendix C), a non-veteran with paralysis due to natural disaster, i.e. a tornado (see Appendix F), an veteran with a traumatic stress reaction due to the Vietnam war (see Appendix D), a non-veteran with a traumatic stress reaction due to natural disaster, i.e. a tornado (see Appendix G), a normal Vietnam veteran (see Appendix E), and a normal non-veteran (see Appendix H). The biographical sketches included background information such as childhood, education, employment history, and other life experiences on an individual supposedly applying for a job.

After subjects finished reading their sketches, 1 of 2 15-minute videotapes of a simulated job interview between the applicant and the employer were presented. Those subjects assigned to the physically handicapping conditions viewed

a videotape depicting the applicant as wheelchairbound. Those subjects in the emotionally handicapping conditions viewed an identical videotape with the exception that the applicant was ambulatory. The same actor portrayed the applicant in both videotapes. The rationale for choosing the particular actor selected included the fact that he was appropriate in terms of age to have been a veteran of the Vietnam War, thus making the script more believable. The actor portraying the interviewer was a younger man who was roughly in his late 20's who appeared outgoing and personable. Both actors were blind to the purpose of the investigation and spoke according to a memorized script (see Appendix O). After viewing the interview, subjects were asked to complete all dependent measures and then were fully debriefed as to the nature of the study which was to assess attitudes toward various disability groups (see Appendix P).

Dependent Measures

In light of the current emphasis on utilizaton of multiple assessment devices, several dependent measures replicative of Balleweg's study were chosen for this research. These measures were employed to overcome idiosyncratic limitations of any one instrument and to more fully tap various dimensions of attitudes.

Personal Attribute Inventory (PAI). This inventory contained 50 positive and 50 negative adjectives taken from

Gough's (1952) Adjective Check List. The PAI was developed by Parish, Bryant, and Shirazi (1976a) to assess the evaluative-affective component of attitudes. Subjects must choose 30 out of the 100 adjectives which are most descriptive of a selected group. The PAI score consisted of the number of negative words chosen by each subject. Scores ranged from 0 or highly positive (accepting) to 30 or highly negative (rejecting).

Reliability and validity data for the PAI were provided by Parish et al. (1976a, 1976b). Test-retest reliabilities for three different subject samples were .90, .94, and .95 respectively. Balleweg (1983) reviewed criterion-related validity data on the PAI with regard to race attitudes. The PAI was significantly correlated with two other measures of race attitudes. He suggested that the PAI appeared to have more extensive results than many other attitudinal scales, despite the fact that further research was desireable. See Appendix I for a copy of this measure.

Social Rejection Index (SRI). Kirk (1974) designed the SRI as an instrument to assess social rejection. The SRI consisted of nine items, each on a three point scale. On some items a negative response indicated acceptance and on others it indicated rejection. A value of 3 was assigned to rejecting responses, 2 to uncertain responses, and 1 to accepting responses. Final scale scores ranged from 9 (strong acceptance) to 27(strong rejection).

As Balleweg (1983) noted there is little data regarding the reliability and validity of the SRI; however, it was included to partially replicate Balleweg's research and to provide a possibly suitable instrument for measuring social rejection. See Appendix J for a copy of this measure.

Semantic Differential. This instrument, developed by Osgood, Tannenbaum, and Suci (1957), presented subjects with pairs of bipolar adjectives placed at either end of a seven point continuum. This scale was factor analyzed (Osgood et al., 1957) to provide an index of not only an individual's overall attitudes, but different facets of meaning as well. Three main factors were extracted from this factor analysis: 1. Evaluative, which included such scales as bad-good and valuable-worthless; 2. Potency, including scales such as strong-weak and rugged-delicate; and 3. Activity, which included scales such as active-passive and fast-slow.

Nunnally (1961) modified the SD in his research on attitudes toward the mentally ill. Nunnally added a fourth factor which he designated Understandability, in addition to the three isolated by Osgood et al. His scale consisted of 17 items tapping the four factors listed above. Nunnally's 1961 scale utilized the standard seven-point format, but some of the items had the polarity reversed to control for order effects. In his further research, Nunnally (1969) indicated that subjects became confused by frequent alternations of polarity and suggested using a standard order to reduce

measurement error.

A total score for each of the four factors was calculated by adding the scores of the individual scales comprising the factor. The Evaluative factor score ranged from 9 to 63, Potency from 2 to 14, Activity from 3 to 24, and Understandability from 3 to 21, low scores indicating positive attributes and high scores indicating negative attributes.

Osgood et al. (1957) conducted research into the reliability and validity of the SD. They reported results from a study in which 40 items from the original sample were randomly selected and readministered to 100 subjects. Balleweg (1983) reported the reliability coefficient obtained in the Osgood study as .85. He concluded the SD was reasonably valid and stable as an attitudinal measure. See Appendix K for a copy of this measure.

Employment Questionnaire (EQ). The Employment Questionnaire was designed by Balleweg (1983) to assess the degree to which subjects might overtly discriminate against the applicant in their hiring practices. Two questions concerned the respondent's decision to hire or not hire the applicant. Low scores indicated greater willingness to hire. Two further questions assessed the respondent's degree of comfort with her/his decisions to hire or not hire. High scores indicated confidence in one's decisions. See Appendix L for a copy of this measure.

Supplementary Measures

Two additional measures were administered to obtain supplementary information necessary for analysis.

Dangerousness Ratings. The possibility existed that differential social rejection ratings might be obtained for each of the conditions due to differing perceptions of the degree of danger associated with each condition. To assess this possibility, respondents were given a dichotomous choice as to whether the applicant was dangerous . A low score indicated greater dangerousness. Subjects also completed a seven point Likert scale on which to rate the dangerousness of the individual in the behavioral description they received. A low number indicated the described individual was very safe and a high number indicated that individual was very dangerous. See Appendix M for a copy of this measure.

Manipulation Check. To prevent respondents from reacting to demand characterictics of the situation, the true nature of the study was disguised. To assess whether this manipulation was successful, respondents were given a manipulation check consisting of two questions. The first ascertained whether they believed they understood the purpose of the study with low scores indicating greater belief. The second question asked for their description of the study. This data was scored on a three point scale, 1 indicating understanding, 2 indicating understanding was undetermined, and 3 indicating no understanding (see Appendix N).

Chapter III

Results

To test the first three experimental hypotheses, 2X2X3 (veteran status X sex of respondent X handicap) analyses of variance were executed on raw scores from the Personal Attribute Inventory, Social Rejection Index, Employment Questionnaire, and each of the four factors of the Semantic Differential (Evaluative, Potency, Activity, and Understandability). Newman-Keuls tests were subsequently employed with those instruments yielding significant results in order to examine differences between specific group means. The fourth hypothesis was tested using an analysis of variance on the data regarding dangerousness. Again, Newman-Keuls tests were applied post hoc to examine differences between specific group means. The alpha level for all statistical procedures was set at .05. All procedures were conducted with two-tailed tests.

Analyses of variance were conducted on the data concerning the successfulness of the experiment in terms of controlling extraneous variables. An analysis of variance was conducted on the respondents' ages to assess if there were any differences between cells which might alternately account for any results obtained. In addition, the data regarding the successfulness of the experimental manipulation were examined with analyses of variance.

The results of the age data and primary analyses of variance on the PAI, SRI, SD, and EQ are presented below and are followed by results from the dangerousness ratings and manipulation check. In general, higher scores are indicative of greater levels of social rejection. Exceptions are the first and third items of the EQ on which higher scores indicate higher frequencies of hiring and, therefore, signify social acceptance. All results approaching significance are not discussed. Rather, those trends supportive of other findings are presented.

The 2X2X3 analysis of variance on the data regarding ages of respondents yielded no significant main effects or interactions. Thus, age differences between the 12 cells of subjects cannot account for any results obtained. The analysis of variance for ages is found in Table 1. Means and standard deviations are presented in Table 2.

Personal Attribute Inventory (PAI)

The 2X2X3 analysis of variance conducted on the PAI revealed no significant main effects or interactions. Table 3 summarizes the ANOVA results and Table 4 displays means and standard deviations of the PAI scores for the 12 groups.

Social Rejection Index (SRI)

Analysis of variance on the SRI scores yielded no significant main effects or interactions. ANOVA results are presented in Table 5 with means and standard deviations given in Table 6.

Table 1

Analysis of Variance of Respondents' Ages

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	2.04	1	2.04	0.06	.80
Sex of Respondent (B)	0.56	1	0.56	0.02	.89
Handicap (C)	53.08	2	26.54	0.80	.54
A X B	74.67	1	74.67	2.25	.13
A X C	6.36	2	3.18	0.10	.91
B X C	10.18	2	5.09	0.15	.86
A X B X C	39.45	2	19.73	0.59	.56
Residual	6783.61	204	33.25		
Total	6969.96	215			

Table 2

Summary of Means and Standard Deviations for

Respondents' Ages

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	22.83	(4.79)	22.06	(3.89)	22.28	(4.75)
	Female R.	24.56	(10.72)	22.28	(4.04)	24.17	(5.83)
Non-Veteran	Male R.	23.22	(5.40)	22.39	(4.20)	24.50	(8.40)
	Female R.	22.83	(5.62)	22.22	(5.06)	21.83	(3.49)
	$\bar{X}$	23.36		22.24		23.19	

Note: n = 18 for all groups.

Table 3

Analysis of Variance of Personal Attribute Inventory Scores

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	17.23	1	17.23	0.28	.60
Sex of Respondent (B)	1.04	1	1.04	0.02	.89
Handicap (C)	15.56	2	7.78	0.13	.88
A X B	4.45	1	4.45	0.07	.79
A X C	77.40	2	38.70	0.63	.54
B X C	173.69	2	86.85	1.40	.25
A X B X C	207.01	2	103.51	1.67	.19
Residual	12618.50	204	61.86		
Total	13114.90	215			

Table 4

Summary of Means and Standard Deviations for

Personal Attribute Inventory Scores

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	3.94	(6.03)	5.28	(6.29)	7.33	(7.83)
	Female R.	7.56	(9.81)	4.44	(7.41)	4.11	(6.20)
Non-Veteran	Male R.	4.28	(6.68)	8.44	(9.77)	4.67	(8.39)
	Female R.	5.61	(8.22)	5.50	(6.56)	7.56	(9.71)
	$\bar{X}$	5.35		5.92		5.92	

Note: n = 18 for all groups.

Table 5

Analysis of Variance of Social Rejection Scores

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.23	1	0.23	0.01	.91
Sex of Respondent (B)	2.89	1	2.89	0.16	.69
Handicap (C)	48.45	2	24.23	1.35	.26
A X B	0.12	1	0.12	0.01	.93
A X C	16.79	2	8.39	0.47	.63
B X C	22.95	2	11.48	0.64	.53
A X B X C	53.73	2	26.87	1.49	.23
Residual	3670.06	204	17.99		
Total	3815.22	215			

Table 6

Summary of Means and Standard Deviations for

Social Rejection Index Scores

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	13.78	(4.44)	14.61	(3.24)	15.67	(4.91)
	Female R.	15.11	(4.48)	15.11	(4.17)	14.39	(3.94)
Non-Veteran	Male R.	13.44	(3.09)	16.39	(4.41)	14.28	(3.86)
	Female R.	14.28	(4.75)	14.89	(4.24)	15.78	(4.91)
	$\bar{X}$	14.15		15.25		15.03	

Note: n = 18 for all groups.

Semantic Differential

The 2X2X3 analyses of variance for the Evaluative and Potency factors of the Semantic Differential revealed no significant main effects or interactions. The ANOVA data for each of these factors are presented in Tables 7 and 9 respectively. Means and standard deviations are displayed in Tables 8 and 10 respectively.

Results for the ANOVA on the Activity factor of the Semantic Differential yielded no significant main effects or interactions, however, two trends were noted. An AXB (veteran status X sex of respondent) interaction trend ($F(1, 204)=2.59$, $p=.10$) indicated male respondents tended to offer somewhat higher ($\bar{X}=10.44$) Activity scores to the veteran than to the non-veteran ($\bar{X}=10.04$) whereas women respondents showed the opposite trend, offering higher Activity scores to the non-veteran ($\bar{X}=10.96$) compared to the veteran ($\bar{X}=10.07$). Higher scores indicated greater passivity and less energy on the part of the applicant, with scores ranging from 3 to 24. Thus, the obtained scores hovered around the midpoint of 10.5.

A second trend on the Activity data was an AXBXC (veteran status X sex of respondent X handicap) interaction ($F(2, 204)=2.19$, $p=.11$) indicating some mild differences in perceived passivity and amount of energy on the part of the applicant. For example, male respondents saw the physically handicapped veteran ($\bar{X}=9.44$) and non-veteran ($\bar{X}=9.67$) as more

Table 7

Analysis of Variance of Semantic Differential-Evaluative Scores

Sources of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	3.13	1	3.13	0.06	.81
Sex of Respondent (B)	2.67	1	2.67	0.05	.82
Handicap (C)	14.29	2	7.14	0.13	.88
A X B	44.46	1	44.46	0.82	.63
A X C	64.56	2	32.28	0.60	.56
B X C	41.58	2	20.79	0.39	.69
A X B X C	121.79	2	60.89	1.13	.33
Residual	11004.10	204	53.94		
Total	11296.60	215			

Table 8

Summary of Means and Standard Deviations for

Semantic Differential - Evaluative Scores

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	24.72	(5.85)	25.28	(4.55)	29.11	(7.75)
	Female R.	25.94	(6.83)	25.06	(6.73)	24.72	(7.20)
Non-Veteran	Male R.	25.50	(7.88)	25.78	(7.96)	24.39	(6.99)
	Female R.	25.61	(9.92)	26.17	(7.10)	25.95	(8.08)
	$\bar{X}$	25.44		25.57		26.04	

Note: n = 18 for all groups.

Table 9

Analysis of Variance of Semantic Differential-Potency Scores

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.78	1	0.78	0.21	.65
Sex of Respondent (B)	2.89	1	2.89	0.77	.61
Handicap (C)	8.51	2	4.25	1.13	.33
A X B	2.04	1	2.04	0.54	.53
A X C	10.18	2	5.09	1.35	.26
B X C	3.79	2	1.89	0.50	.61
A X B X C	4.19	2	2.09	0.56	.58
Residual	768.39	204	3.77		
Total	800.77	215			

Table 10

Summary of Means and Standard Deviations for

Semantic Differential - Potency Scores

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	7.17	(1.95)	8.39	(1.85)	8.67	(1.78)
	Female R.	7.94	(2.13)	8.22	(2.16)	8.17	(2.36)
Non-Veteran	Male R.	7.83	(1.82)	7.50	(1.65)	7.94	(1.89)
	Female R.	8.22	(1.93)	8.00	(2.14)	8.33	(1.46)
	$\bar{X}$	7.79		8.03		8.28	

Note: n = 18 for all groups.

active than the emotionally handicapped veteran ($\bar{X}$=11.78) and non-veteran ($\bar{X}$=10.22) and the normal veteran ($\bar{X}$=10.11) and non-veteran ($\bar{X}$=10.22). Conversely, female respondents saw the emotionally handicapped veteran ($\bar{X}$=9.61) as more active than the physically handicapped veteran ($\bar{X}$=10.61) and non-veteran ($\bar{X}$=10.17) and normal veteran ($\bar{X}$=10.00) and normal non-veteran ($\bar{X}$=11.22) whereas the emotionally handicapped non-veteran was seen as the least active ($\bar{X}$=11.50). Note there were greater sex differences in the physically and emotionally handicapped conditions whereas the consensus on the activity level of normals was fairly consistent across veteran status and sex. Again, all scores hovered around the midpoint.

The above trends lend support to results obtained on other measures and will be discussed further later. Table 11 displays the ANOVA data and Table 12 covers the means and standard deviations for the Activity scores on the Semantic Differential.

The 2X2X3 analysis of variance on the Understandability factor of the Semantic Differential yielded no significant main effects or interactions, but again, some trends were revealed. There was a tendency toward differential scoring as a function of Factor C, handicap, ($F(2, 204)=2.11$, $p=.12$). Specifically, respondents saw the normal applicant as the most understandable ($\bar{X}$=8.93) whereas the physically handicapped applicant was viewed as less so ($\bar{X}$=9.35). The

Table 11

Analysis of Variance of Semantic Differential-Activity Scores

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	3.13	1	3.13	0.36	.56
Sex of Respondent (B)	4.17	1	4.17	0.48	.50
Handicap (C)	23.37	2	11.69	1.34	.26
A X B	22.69	1	22.69	2.59	.10
A X C	5.59	2	2.80	0.32	.73
B X C	15.44	2	7.72	0.88	.58
A X B X C	38.26	2	19.13	2.19	.11
Residual	1784.22	204	8.75		
Total	1896.87	215			

Table 12

Summary of Means and Standard Deviations for

Semantic Differential - Activity Scores

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	9.44	(2.15)	11.78	(2.60)	10.11	(3.38)
	Female R.	10.61	(1.61)	9.61	(3.63)	10.00	(3.33)
Non-Veteran	Male R.	9.67	(2.45)	10.22	(3.14)	10.22	(2.62)
	Female R.	10.17	(3.68)	11.50	(3.03)	11.22	(3.14)
	$\bar{X}$	9.97		10.78		10.39	

Note: n = 18 for all groups.

emotionally handicapped applicant was seen as the least understandable ($\bar{X}$=9.92). These scores tended to cluster around the midpoint of 9.0.

Another trend was revealed in a BXC (sex of respondent X handicap) interaction (F(2, 204)=2.03, p=.13). Specifically, there was a tendency for women to view the normal applicant as more understandable ($\bar{X}$=8.11) compared to the physically handicapped applicant ($\bar{X}$=9.44) while men saw the physically handicapped applicant as more understandable ($\bar{X}$=9.25) compared to the normal applicant ($\bar{X}$=9.75). Both males and females rated the emotionally handicapped applicant as the least understandable ($\bar{X}$=10.00 and 9.83 respectively). Again, the midpoint of this scale of 3-21 was 9.0. The ANOVA data is presented in Table 13 with the means and standard deviations presented in Table 14.

The analyses of variance on the first and third questions of the Employment Questionnaire which concerned whether or not respondents would hire the applicant yielded no significant main effects or interactions. However, two trends were evidenced on the first employment question. This concerned a dichotomous choice as to whether or not the respondent would hire the applicant. There was a slight tendency (F(1, 204)=2.34, p=.12) for respondents to be more likely to hire the non-veteran ($\bar{X}$=0.22) than the veteran ($\bar{X}$=0.31). In addition, there was a tendency (F(2, 204)=2.27, p=.10) for the veteran status to interact with handicap

Table 13

Analysis of Variance of Semantic Differential-Understandability Scores

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	1.50	1	1.50	0.18	.68
Sex of Respondent (B)	15.57	1	15.57	1.86	.17
Handicap (C)	35.29	2	17.64	2.11	.12
A X B	4.17	1	4.17	0.50	.51
A X C	1.75	2	0.88	0.10	.90
B X C	33.95	2	16.98	2.03	.13
A X B X C	11.19	2	5.60	0.67	.52
Residual	1708.33	204	8.37		
Total	1811.76	215			

Table 14

Summary of Means and Standard Deviations for

Semantic Differential - Understandability Scores

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	9.33	(3.18)	10.11	(2.52)	10.22	(3.17)
	Female R.	9.78	(2.60)	9.72	(2.49)	7.72	(1.71)
Non-Veteran	Male R.	9.17	(3.45)	9.89	(2.59)	9.28	(3.75)
	Female R.	9.11	(2.91)	9.94	(3.24)	8.50	(2.53)
	$\bar{X}$	9.35		9.92		8.93	

Note: n = 18 for all groups.

(AXC). Respondents were equally willing to hire a physically handicapped non-veteran ($\bar{X}$=0.19), emotionally handicapped veteran ($\bar{X}$=0.19) and a normal non-veteran ($\bar{X}$=0.19) compared to an emotionally handicapped non-veteran ($\bar{X}$=0.28), a normal veteran ($\bar{X}$=0.33) or a physically handicapped veteran ($\bar{X}$=0.42). Table 15 summarizes the ANOVA data for the first question and ANOVA data for the third question is summarized in Table 19. Means and standard deviations for these two questions are presented in Tables 16 and 20 respectively.

The second and fourth questions on the Employment Questionnaire were seven point Likert scales concerned the respondents' confidence in their decisions to hire or not hire. The analysis of variance on the second question revealed a B (sex of respondent) maineffect approaching significance ($F(1,204)=2.86$, $p=.09$) with women scoring higher ($\bar{X}$=5.31) than men ($\bar{X}$=5.00) indicating greater confidence by women in their hiring decisions. In addition, there was a slight tendency ($F(2, 204)=1.81$, $p=.16$) for the type of handicap depicted to have an effect on the confidence in hiring decision. Specifically, respondents were most confident in their decisions regarding a normal applicant ($\bar{X}$=5.39), with less confidence expressed regarding the physically handicapped applicant ($\bar{X}$=5.13) and even less toward the emotionally handicapped applicant ($\bar{X}$=4.96). This finding corresponds to that found on the Understandability

Table 15

Analysis of Variance of Employment Question 1: Dichotomous Decision on Hiring

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.46	1	0.46	2.34	.12
Sex of Respondent (B)	0.30	1	0.30	1.50	.22
Handicap (C)	0.18	2	0.09	0.45	.65
A X B	0.00	1	0.00	0.00	.99
A X C	0.90	2	0.45	2.27	.10
B X C	0.07	2	0.03	0.16	.85
A X B X C	0.19	2	0.10	0.49	.62
Residual	40.33	204	0.20		
Total	42.43	215			

Table 16

Summary of Means and Standard Deviations for

Employment Question 1: Dichotomous Decision on Hiring

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	0.33	(0.48)	0.17	(0.38)	0.33	(0.48)
	Female R.	0.50	(0.51)	0.22	(0.43)	0.33	(0.48)
Non-Veteran	Male R.	0.17	(0.38)	0.28	(0.46)	0.11	(0.32)
	Female R.	0.22	(0.43)	0.28	(0.46)	0.28	(0.46)
	$\bar{X}$	0.31		0.24		0.26	

Note: n = 18 for all groups.

Table 17

Analysis of Variance of Employment Question 2: Confidence in Hiring Decision

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.30	1	0.30	0.16	.69
Sex of Respondent (B)	5.35	1	5.35	2.86	.09
Handicap (C)	6.79	2	3.39	1.81	.16
A X B	3.63	1	3.63	1.94	.16
A X C	0.62	2	0.31	0.17	.85
B X C	0.45	2	0.23	0.12	.89
A X B X C	7.06	2	3.53	1.88	.15
Residual	382.44	204	1.87		
Total	406.65	215			

Table 18

Summary of Means and Standard Deviations for

Employment Question 2: Confidence in Hiring Decision

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	5.28	(1.36)	4.94	(1.39)	5.06	(1.21)
	Female R.	4.94	(1.47)	5.00	(1.61)	5.50	(0.86)
Non-Veteran	Male R.	4.56	(1.65)	4.78	(1.73)	5.39	(1.42)
	Female R.	5.72	(1.18)	5.11	(1.28)	5.61	(0.98)
	$\overline{X}$	5.13		4.96		5.39	

Note: n = 18 for all groups.

Table 19

Analysis of Variance of Employment Question 3: Dichotomous Hiring Decision with Competition

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.12	1	0.12	0.45	.51
Sex of Respondent (B)	0.00	1	0.00	0.02	.89
Handicap (C)	0.34	2	0.17	0.67	.52
A X B	0.00	1	0.00	0.02	.89
A X C	0.40	2	0.20	0.77	.53
B X C	0.34	2	0.17	0.67	.52
A X B X C	0.29	2	0.14	0.56	.58
Residual	52.50	204	0.26		
Total	54.00	215			

Table 20

Summary of Means and Standard Deviations for

Employment Question 3: Dichotomous Hiring Decision with Competition

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	0.44	(0.51)	0.56	(0.51)	0.56	(0.51)
	Female R.	0.61	(0.50)	0.50	(0.51)	0.44	(0.51)
Non-Veteran	Male R.	0.33	(0.48)	0.61	(0.50)	0.44	(0.51)
	Female R.	0.39	(0.50)	0.50	(0.51)	0.56	(0.51)
	$\bar{X}$	0.44		0.54		0.50	

Note: n = 18 for all groups.

data of the Semantic Differential. Also, there was a slight ($F(1, 204)=1.94$, $p=.16$) tendency for females to be more confident in their decisions to hire a veteran applicant ($\bar{X}=5.15$) or non-veteran applicant ($\bar{X}=5.48$) than males were with their decisions to hire regarding the same applicants ($\bar{X}=5.09$ and 4.91 respectively). Table 17 displays this ANOVA data. Means and standard deviations are provided in Table 18.

The analysis of variance on the fourth question yielded a significant B (sex of respondent) main effect ($F(1,204)=3.92$, $p=.05$) with women scoring higher ($\bar{X}=4.93$) than men ($\bar{X}=4.52$). These results indicated women expressed more confidence in their hiring decision than did men. In addition, a trend ($F(2, 204)=2.22$, $p=.11$) on the BXC interaction revealed that male and female respondents did not differ in their confidence in hiring or not hiring the physically handicapped applicant ($\bar{X}=4.67$ and 4.58 respectively); however, women were more confident ($\bar{X}=5.03$) than men ($\bar{X}=4.69$) in their hiring decisions regarding the emotionally handicapped applicant and even more confident ($\bar{X}=5.17$) than men ($\bar{X}=4.19$) regarding the normal applicant. These ANOVA findings are summarized in Table 21 with means and standard deviations offered in Table 22.

The data on dangerousness was assessed using analyses of variance. The first question concerned a dichotomous decision as to whether or not respondents viewed the applicant

Table 21

Analysis of Variance of Employment Question 4: Confidence in Hiring Decision with Competition

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	1.85	1	1.85	0.81	.63
Sex of Respondent (B)	8.96	1	8.96	3.91	.05*
Handicap (C)	2.19	2	1.10	0.48	.63
A X B	0.07	1	0.07	0.03	.85
A X C	3.23	2	1.62	0.71	.50
B X C	10.18	2	5.09	2.22	.11
A X B X C	8.06	2	4.03	1.76	.17
Residual	466.78	406	2.29		
Total	501.33	415			

Table 22

Summary of Means and Standard Deviations for

Employment Question 4: Confidence in Hiring Decision with Competition

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	4.67	(1.46)	4.67	(1.60)	4.00	(1.68)
	Female R.	4.06	(1.80)	5.00	(1.45)	4.39	(1.04)
Non-Veteran	Male R.	4.67	(1.41)	4.72	(1.93)	4.39	(1.65)
	Female R.	5.11	(1.41)	5.06	(1.30)	4.94	(1.16)
	$\bar{X}$	4.62		4.86		4.68	

Note: n = 18 for all groups.

as dangerous. A low score indicated greater dangerousness. This ANOVA yielded an AXC (veteran status X handicap) interaction which approached significance ($F(2,204)=2.77$, $p=.06$). Table 23 summarizes the ANOVA data. Table 24 provides the means and standard deviations. While no group was viewed as very dangerous, there was a trend toward the veteran with a physical handicap to be viewed as more dangerous ($\bar{X}=0.86$) than the non-veteran with a physical handicap ($\bar{X}=1.00$). In the emotional (veteran $\bar{X}=0.97$, non-veteran $\bar{X}=0.94$) and no handicap (veteran $\bar{X}=0.94$, non-veteran $\bar{X}=0.94$) conditions, there were no differences in dangerousness ratings. Refer to Figure 2 for an illustration of this interaction.

The second question concerned how dangerous respondents rated the applicant on a Likert scale from one to seven. Lower scores indicated less dangerousness. This ANOVA yielded a significant AXC (veteran status X handicap) interaction ($F(2,204)=3.06$, $p=.05$). Refer to Table 25 for the ANOVA data and 26 for means and standard deviations. A Newman-Keuls test was subsequently administered. It yielded no significant differences between specific group means. Thus, while the overall ANOVA was significant, differences between specific group means were not. Table 27 provides the means for each group and Newman-Keuls test data for the second dangerousness rating question.

The two questions on the manipulation check were

Table 23

Analysis of Variance of Dangerousness Rating 1: Dichotomous Decision on Dangerousness

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.07	1	0.07	1.43	.23
Sex of Respondent (B)	0.00	1	0.00	0.00	.99
Handicap (C)	0.03	2	0.01	0.27	.77
A X B	0.00	1	0.00	0.00	.99
A X C	0.29	2	0.14	2.78	.06
B X C	0.19	2	0.10	1.88	.15
A X B X C	0.19	2	0.10	1.88	.15
Residual	10.56	204	0.05		
Total	11.33	215			

Table 24

Summary of Means and Standard Deviations for

Dangerousness Rating 1: Dichotomous Decision on Dangerousness

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	0.94	(0.07)	0.94	(0.07)	0.89	(0.32)
	Female R.	0.78	(0.43)	1.00	(0.00)	1.00	(0.00)
Non-Veteran	Male R.	1.00	(0.00)	0.94	(0.07)	0.94	(0.07)
	Female R.	1.00	(0.00)	0.94	(0.07)	0.94	(0.07)
	$\bar{X}$	0.93		0.96		0.94	

Note: n = 18 for all groups.

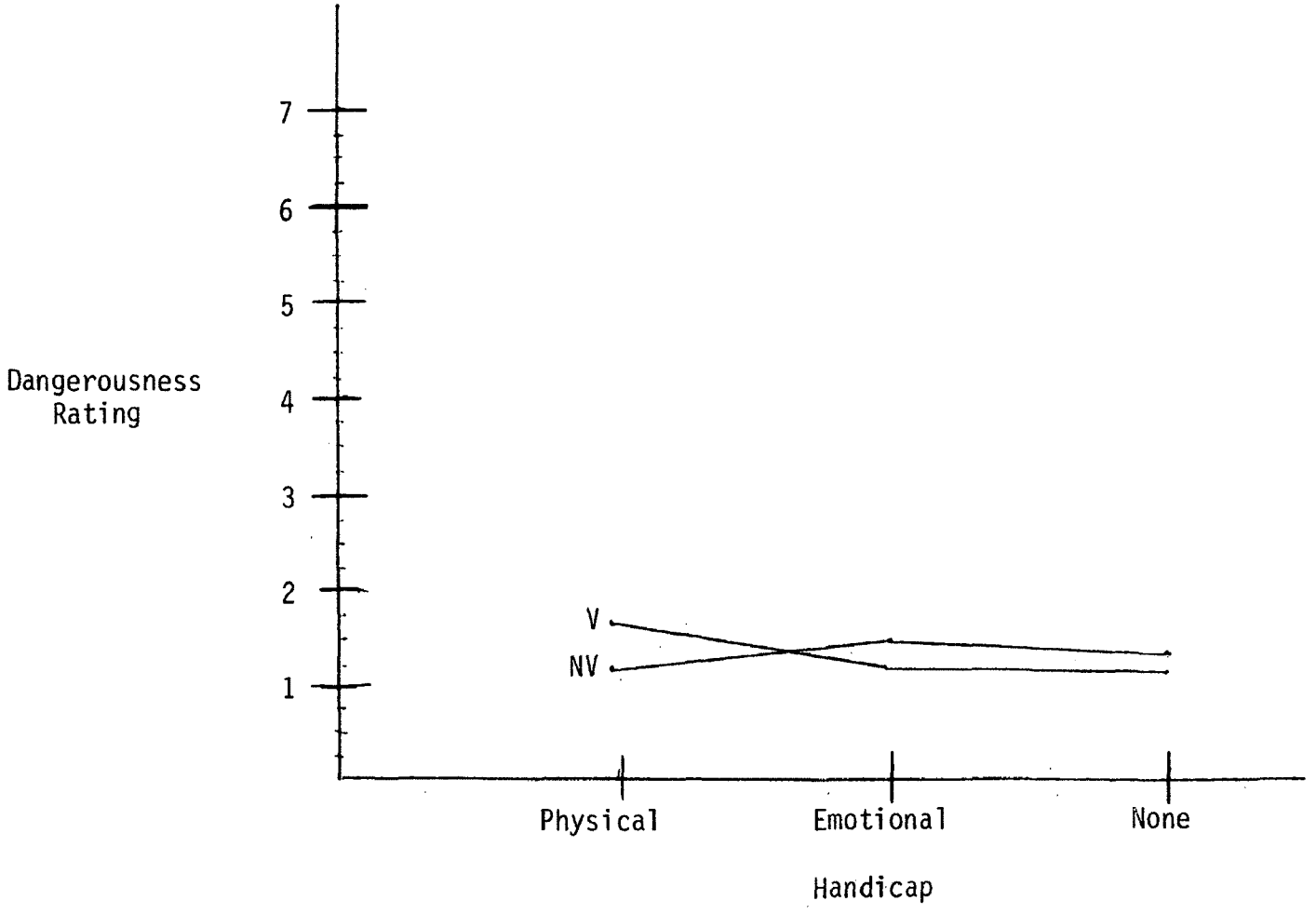

Figure 2: Veteran Status by Handicap Interaction on Dangerousness Ratings

Table 25

Analysis of Variance of Dangerousness Rating 2: Likert Scale Rating of Dangerousness

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.07	1	0.07	0.10	.76
Sex of Respondent (B)	0.30	1	0.30	0.38	.54
Handicap (C)	1.56	2	0.78	1.01	.37
A X B	0.30	1	0.30	0.38	.54
A X C	4.73	2	2.37	3.06	.05*
B X C	2.06	2	1.03	1.33	.26
A X B X C	3.45	2	1.73	2.23	.11
Residual	157.89	204	0.77		
Total	170.37	215			

Table 26

Summary of Means and Standard Deviations for

Dangerousness Rating 2: Likert Scale Rating of Dangerousness

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	1.39	(0.85)	1.39	(0.78)	1.39	(0.98)
	Female R.	2.00	(1.71)	1.11	(0.47)	1.06	(0.07)
Non-Veteran	Male R.	1.22	(0.65)	1.33	(0.84)	1.28	(0.67)
	Female R.	1.28	(0.57)	1.67	(1.19)	1.33	(0.69)
	$\bar{X}$	1.47		1.38		1.26	

Note: n = 18 for all groups.

Table 27

Newman-Keuls Test of Dangerousness Rating 2: Likert Scale Rating

		1.22	1.25	1.25	1.31	1.50	1.69	D
Normal Veteran	1.22	-	0.03	0.03	0.08	0.28	0.47	0.59
Emotionally Handicapped Veteran	1.25		-	0.00	0.06	0.25	0.44	0.57
Physically Handicapped Non-veteran	1.25			-	0.06	0.25	0.44	0.53
Normal Non-veteran	1.31				-	0.19	0.39	0.49
Emotionally Handicapped Non-Veteran	1.50					-	0.19	0.41
Physically Handicapped Veteran	1.69						-	

analyzed with 2X2X3 analyses of variance. The first question was a dichotomous choice as to whether or not respondents believed they understood the purpose of the study. Lower numbers indicated belief in greater understanding. Results indicated a B (sex of respondent) main effect ($F(1,204)=7.83$, $p=.006$) with men ($\bar{X}=0.31$) believing they understood the purpose of the study more often than women ($\bar{X}=0.49$). ANOVA data for this first question are displayed in Table 28 and means and standard deviations are in Table 29.

The second question on the manipulation check assessed whether or not respondents actually did understand the purpose of the study. Lower numbers indicated greater actual understanding. The ANOVA on this data yielded a significant AXC (veteran status X handicap) interaction ($F(2,204)=5.73$, $p=.004$), which was subsequently examined with a Newman-Keuls test. These findings yielded a significant difference between the group mean for a non-veteran with a physical handicap ($\bar{X}=2.39$) and the two group means for a veteran with a physical handicap ($\bar{X}=2.81$) and a non-veteran with an emotional handicap ($\bar{X}=2.81$). Table 30 presents the ANOVA data, while Table 31 presents the data regarding means and standard deviations. Table 32 presents data from the Newman-Keuls test.

A further analysis of this data was initiated using frequency data from this (MC 2) and the previous question (MC 1). Refer to Table 33 for a distribution of this data.

Table 28

Analysis of Variance of Manipulation Check 1: Belief of Understanding Purpose of Study

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.17	1	0.17	0.71	.59
Sex of Respondent (B)	1.85	1	1.85	7.83	.01**
Handicap (C)	0.18	2	0.08	0.37	.70
A X B	0.00	1	0.00	0.00	.99
A X C	0.53	2	0.26	1.12	.33
B X C	0.12	2	0.06	0.26	.78
A X B X C	0.69	2	0.35	1.47	.23
Residual	48.22	204	0.24		
Total	51.76	215			

Table 29

Summary of Means and Standard Deviations for Purpose of Study

Manipulation Check 1: Belief of Understanding

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	0.28	(0.46)	0.28	(0.46)	0.28	(0.46)
	Female R.	0.56	(0.51)	0.39	(0.50)	0.44	(0.51)
Non-Veteran	Male R.	0.39	(0.50)	0.33	(0.48)	0.28	(0.46)
	Female R.	0.39	(0.50)	0.72	(0.46)	0.44	(0.51)
	$\bar{X}$	0.40		0.43		0.36	

Note: n = 18 for all groups.

Table 30

Analysis of Variance of Manipulation Check 2: Description of Purpose of Study

Source of Variance	Sum of Squares	dF	Mean Square	F	p
Veteran Status (A)	0.30	1	0.30	1.02	.32
Sex of Respondent (B)	0.67	1	0.67	2.28	.13
Handicap (C)	1.08	2	0.54	1.86	.16
A X B	0.17	1	0.17	0.57	.54
A X C	3.34	2	1.67	5.73	.01**
B X C	0.19	2	0.10	0.33	.72
A X B X C	0.53	2	0.26	0.90	.59
Residual	59.56	204	0.29		
Total	65.83	215			

Table 31

Summary of Means and Standard Deviations for

Manipulation Check 2: Description of Purpose of Study

		Handicap					
		Physical		Emotional		Normal	
		M	(S.D.)	M	(S.D.)	M	(S.D.)
Veteran	Male R.	2.78	(0.43)	2.72	(0.57)	2.78	(0.55)
	Female R.	2.83	(0.38)	2.56	(0.62)	2.72	(0.46)
Non-Veteran	Male R.	2.56	(0.70)	2.89	(0.32)	2.78	(0.43)
	Female R.	2.22	(0.88)	2.72	(0.46)	2.78	(0.43)
	$\bar{X}$	2.60		2.72		2.76	

Note: n = 18 for all groups.

Table 32

Newman-Keuls Test of Manipulation Check 2: Description of Purpose of Study

		2.39	2.64	2.75	2.78	2.81	2.81	D
Physically Handicapped Non-veteran	2.39	-	0.25	0.36	0.39	0.42*	0.42*	0.36
Emotionally Handicapped Veteran	2.64		-	0.11	0.14	0.17	0.17	0.35
Normal Veteran	2.75			-	0.03	0.06	0.06	0.33
Normal Non-veteran	2.78				-	0.03	0.03	0.30
Physically Handicapped Veteran	2.81					-	0.00	0.25
Emotionally Handicapped Non-veteran	2.81						-	

Table 33

Frequency Data on Manipulation Checks

Cell	Raw # believing they understood	% believing they understood	Raw # who did understand	% who did understand
$A_1B_1C_1$	13	72%	1	6%
$A_1B_1C_2$	13	72%	1	6%
$A_1B_1C_3$	13	72%	1	6%
$A_1B_2C_1$	8	44%	0	0%
$A_1B_2C_2$	11	61%	1	6%
$A_1B_2C_3$	10	56%	0	0%
$A_2B_1C_1$	11	61%	2	11%
$A_2B_1C_2$	12	67%	0	0%
$A_2B_1C_3$	13	72%	0	0%
$A_2B_2C_1$	11	61%	5	28%
$A_2B_2C_2$	5	28%	0	0%
$A_2B_2C_3$	10	56%	0	0%
	130	60%	11	5%

Out of the 216 subjects used in this investigation, 130 (60%) indicated they believed they knew the purpose of the study (MC1). However, when subjects subsequently described the purpose of the study, only 11 (5%) gave accurate appraisals. Seven of the 11 were in the two cells concerned with a non-veteran applicant with a physical handicap. These findings suggest that the vast majority of subjects were unaware of the actual purpose of the study. Interpretations of this data are discussed further in the next section.

Chapter IV

Discussion

The three major hypotheses of this study predicted that all three independent variables (veteran status, sex of respondent, and handicap) would yield significant main effects across all dependent measures. No direction was predicted. Results failed to support the first hypothesis which stated there would be significantly different social rejection scores assigned across measures based on whether the applicant was depicted as a Vietnam veteran or non-veteran. Thus, whether the applicant depicted in the videotape was a Vietnam veteran or a non-veteran had no significant effect on how respondents evaluated him on any of the attitudinal or social rejection inventories administered in the study. Veteran status also failed to significantly influence respondents' hiring decisions. Trends did indicate a slight tendency for respondents to be more willing to hire the non-veteran than the veteran. Also, handicap interacted with veteran status such that the physically handicapped non-veteran was more likely to be hired than the veteran with a similar condition, the emotionally handicapped veteran was more likely to be hired than the emotionally handicapped non-veteran, and the normal non-veteran was more likely to be hired than the normal veteran.

These results may have been attenuated by the method of presenting the veteran status information. The fact that the

applicant was a veteran was given only once in the written vignette in the line stating, "At the age of 18 John was drafted to serve in Vietnam." In the two handicapped (physically and emotionally) conditions, one more line was added regarding symptoms; however, recovery was also indicated.

Perhaps utilizing a different or multiple methods for presenting the veteran status data might have yielded significant effects. Thus, if veteran status had been made more salient through means such as discussing it in the videotaped job interview and adding a line to the vignette regarding membership in some veterans organizations, possibly significant differences would have resulted.

The second hypothesis concerned whether there would be significant differences between male and female respondents across measures, with women assessing significantly lower social rejection scores. Although there were no significant differences on social rejection scores across measures, some sex differences did emerge. For example, women were more likely to express confidence in their responses. The significant results and trends on the Employment Questionnaire indicated women felt more confident in their decisions to hire or not hire the applicant. Conversely, men respondents were more confident that they understood the purpose of the experiment than were women respondents. However, when the data concerning actual understanding of

the study were examined, results indicated that men were no more likely than women to have an accurate perception of the purpose of the study.

The fact that women felt more confident in their decisions to hire or not hire should be examined in light of the means obtained for these questions. Specifically, concerning the question of confidence in hiring decision, the difference between the mean score for males as compared to females was statistically significant. However, considering that the mean for males was 4.52 and for females 4.93 on a 7-point Likert scale, it appears that both were in close, although statistically different, proximity of each other. The second question concerning confidence in hiring decision suggested a trend for women to be more confident, thus these means were even closer together than for the other question. The same holds true for the non-significant interaction trends on these hiring questions.

Regarding the above results, there are several explanations that can be put forth to potentially account for the data. Since folk knowledge holds that women are more perceptive about others than men, it might be that women respondents believed they were more accurate than men at assessing an individual's true personality characteristics. Thus, they felt more confidence in their decisions to hire or not hire. In contrast, it could be that women felt less capable, based on gender stereotypes, of making such

decisions and tried to counteract their discomfort in such a situation by expressing greater confidence than they actually felt in their decisions. The accuracy of these explanations remains to be examined.

Various non-significant trends for sex differences were evidenced on the Activity and Understandability factors of the Semantic Differential. Specifically, male respondents saw the veteran as less active than the non-veteran, whereas the reverse held true for female respondents. When the handicap variable was considered, males saw the physically handicapped veteran and non-veteran as more active than the emotionally handicapped or normal veteran and non-veteran. Women saw the emotionally handicapped veteran as more active than the physically handicapped veteran, physically handicapped non-veteran, normal veteran, and normal non-veteran with the emotionally handicapped non-veteran seen as the least active. This latter interaction revealed wider differences with the emotionally and physically handicapped groups than in the normal groups. It would appear that men viewed the veteran applicant less positively with respect to such factors as passivity, energy level, and speed than did women. Further, consensus was more easily obtained between the sexes when the mediating factor of handicap was absent. Similarly, on the Understandability factor, sex differences were evident with women describing the normal applicant as more understandable than any other group and men describing

the emotionally handicapped applicant as least understandable or more mysterious.

With regard to the data showing men as more likely to indicate they understood the purpose of the study when actually they did not, perhaps a complementary explanation to the previous results can be offered. The fact that men felt more confident with their perceived understanding of the study may have reflected gender differences in perceived ability for understanding such phenomena as experimental research. Should this prove to be an accurate explanation of these results, it is particularly interesting in light of the fact that there were no actual sex differences in the ability to understand the purpose of the study.

The third hypothesis concerned whether a physically or emotionally handicapped applicant would be viewed less positively than a "normal" applicant. Results indicated no significant main effects on any dependent measure. Two trends with regard to handicap were evidenced. These concerned the Understandability factor of the Semantic Differential and the second employment question regarding confidence in hiring decision. Specifically, respondents indicated the normal applicant was the most understandable, with the physically handicapped applicant less so and the emotionally handicapped applicant even less so. Similarly, respondents felt the most comfortable and confident in their hiring decisions concerning the normal applicant, less so

with the physically handicapped applicant, and even less so with the emotionally handicapped applicant. These trends suggested a correlation between perceived level of understanding of an applicant and confidence in the hiring decision. Again, these were small trends, yet they are suggestive of differences that might be more adequately tapped with more salient manipulations.

In addition, several interactions between handicap and veteran status were indicated. These mainly concerned judgments of dangerousness, which related to the fourth hypothesis.

The fourth hypothesis concerned whether a physically or emotionally handicapped applicant would be viewed differently with regard to dangerousness. No direction was predicted. Data indicated that, although no group was viewed as very dangerous and the Newman-Keuls multiple comparisons revealed no significant differences between particular groups, the pattern of results was such that the Vietnam veteran with a physical handicap was viewed as more dangerous than the non-veteran with a similar handicap, while the differences in the emotionally handicapped and control groups were minimal. This tendency to view the physically handicapped veteran as somewhat more dangerous than the non-veteran in the same condition could be due to an attribution of anger. Perhaps, since the Vietnam War was viewed negatively by many, there would be a tendency to attribute more anger to an individual

physically injured during such a questionable conflict compared to an individual injured during an uncontrollable event such as a natural disaster. Again, it must be kept in mind that no group was viewed as very dangerous.

The data further revealed a significant veteran status by handicap interaction concerning whether respondents actually understood the purpose of the study. As previously stated, only 11 out of the 216 subjects (5%) were rated as actually understanding the study's purpose, however 7 of the 11 were in the two cells concerned with a non-veteran applicant with a physical handicap.

Since criteria for deciding whether a respondent understood the study's purpose were relatively lenient, all subjects who understood any part of the manipulation were given credit as having understood the entire study. Thus, for example, if a respondent mentioned any of the following in her/his explanation, s/he was given credit as having understood: the study was assessing attitudes toward handicapped people, attitudes toward veterans, how women and men would respond differently to the applicant, or just plain attitudes in general. Therefore, while the results were statistically significant, it is considered doubtful that the partial awareness these subjects had as to the true purpose of the study made any relevant differences in their responses to the questionnaires, particularly in light of the fact that no significant main effects or interactions for either factor

A (veteran status) or C (handicap) were found. Further, the majority of responses indicated subjects believed the purpose to be an assessment of the usefulness of various devices for hiring. This supports the experimental manipulation. In sum, understanding was not great and differences between groups were not large.

The results of this study suggest several important points which need further assessment. These concern the method, dependent measures, and other factors which could account for these results or lack thereof.

First, the fact that the current study sought to correct several procedural defects of previous studies suggested by Balleweg (1983) and still obtained minimal results indicates that these defects cannot be used as alternative explanations. Specifically, this research minimized demand characteristics by disguising the true nature of the study and presented the applicant in a more realistic manner via videotape as opposed to in written vignettes. Thus, the correction of these deficits offers stronger proof that there were no real differences between groups.

However, the description of the physical or emotional disorder occurred only once in the written portion of the vignette - the applicant history. It could be that a single written exposure to the important factors of veteran status and handicap was insufficient to evoke strong enough reactions from respondents. In future research of this kind,

perhaps multiple exposures to such pertinent information, such as occur in reality, would be more accurate. Again, highlighting the veteran status and handicap variables more might yield significant results.

Another factor meriting discussion is the manner of actually presenting the information regarding handicap. This took the form of behavioral descriptions with no clinical label attached, but with much other pertinent, non-handicapping information concerning the applicant's history. Since Nunnally (1961) noted that labels do elicit negative stereotypes in the absence of other relevant information, perhaps the lack of diagnostic labels and abundance of other information in this investigation reduced any effects present.

It is further possible that the use of college students as subjects in attitude studies such as this yield results which are much less extreme due to the subjects' higher levels of education and socioeconomic status. Rabkin (1980) stated that subjects from lower socioeconomic strata have traditionally held more negative attitudes toward the mentally ill. This many not be as important in the hiring situation; however, perhaps individuals without a college education such as trade school graduates or those who have worked their way up the job ranks have attitudes more similar to subjects from the lower socioeconomic strata than to college students. This could have implications for hiring practices.

In addition, the fact that the vignettes and videotapes portrayed the applicant as a normally functioning individual may have offset some of the negative reactions on the part of respondents. Attitudes toward more recently treated applicants or applicants who behave abnormally may be quite different than the attitudes obtained in the current study. Successful post-treatment functioning may attenuate negative reactions toward physically handicapped or emotionally stressed subjects.

Lastly, since some evidence has suggested that physically handicapped individuals may be viewed more positively than non-handicapped individuals (Kleck, et al., 1966), this may account for the lack of differences between the physically handicapped and control groups. And the description of the emotional handicap utilized in the current study may have been too vague and mild to give accurate attitude assessments thereby accounting for the lack of differences between the emotional and control groups. It may be that a physical handicap such as paralysis and a nebulous emotional handicap such as the stress disorder depicted in the vignettes were perceived as "mild" disorders and, therefore, failed to produce any differential effects. This hypothesis is supported by the fact that Balleweg (1983) obtained significant results utilizing the same measures with stronger disorders.

Too, it has been noted that subjects' covert attitudes

and their overt behaviors may be very different entities (Rabkin, 1980). Thus, even though subjects do or do not hold prejudices against various stigmatized groups, this may not correlate highly with the behavior these individuals will exibit toward such stigmatized others. Future research could be designed to assess both attitudes and behavior toward handicapped individuals. There is a strong need to assess whether negative attitudes actually result in overt social rejection.

A comment on the utility of the Personal Attribute Inventory is in order. Many respondents had great difficulty complying with the directions for this instrument. The instrument instructed subjects to choose 30 of 100 adjectives which most accurately described the applicant. Subjects were incorrectly completed the PAI had their data completely replacd with that of other subjects. Other researchers have also had difficulty with this instrument. Swaney (1986) reported she had to change from a raw score measure on the PAI to a percentage score. Specifically, rather than using a raw number between 1 and 30 to indicate negative adjectives marked, she calculated the percentage of total adjectives marked that were negative since many of her subjects marked fewer or greater than 30 adjectives. The practice of using percentage scores is not recommended since the statistical properties of the instrument are changed.

Further, Balleweg's (1983) results showed that all of

the instruments included in his study yielded significant effects except the PAI. Perhaps this instrument is of questionable utility when assessing some attitudinal differences due to the difficulty subjects experience in completing it properly.

In summary, the lack of significant results obtained on most measures and the statistically significant, yet small differences obtained on remaining measures may be due to any or all of the following: lack of diagnostic labels, the mild nature of the handicaps depicted, minimal description of the disorders, or the amount of information presented concerning good post-treatment functioning. Additionally, the use of college students as respondents may have attenuated possible effects. Conversely, it may be that there are no real differences in attitudes toward individuals with mild handicaps as a function of veteran status.

To conclude, additional research is necessary to more fully investigate the public's attitudes toward various disability groups. At present, it appears some disabilities may be less socially debilitating than others. Paralysis and stress disorder, used here, may be viewed less negatively than more serious disorders such as paranoid schizophrenia and depression used by Balleweg (1983). It may become apparent that disorders incurring great social rejection need to be dealt with differently than disorders eliciting little negative public reaction.

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APPENDIX A

DEMOGRAPHIC INFORMATION

STUDENT I.D. NUMBER_____

SEX: MALE FEMALE

AGE: _____

APPENDIX B

Introductory Information

This study is designed to evaluate how helpful different devices are for employers in making judgments about job applicants. You will first be asked to read a biographical sketch concerning a job applicant's history. You will then be shown a simulated videotape of the applicant in a job interview with an employer, and you will subsequently be asked to fill out several forms designed to assess your reactions to the applicant. While reading the sketch and viewing the tape, act as if you were an employer who had to attend to all available information in order to reach a decision as to whether or not the applicant should be hired. Please begin by reading the sketch of John Carter, the job applicant, on the following page.

APPENDIX C

APPLICANT HISTORY: PHYSICALLY HANDICAPPED VIETNAM VETERAN

John Carter was born and raised in the Midwest along with an older brother and a younger sister. His mother was a supervisor in a local factory and his father was a high school teacher. John states that his childhood was happy since he had many friends and was active in sports. John obtained average grades in high school and was particularly interested in business and social science courses.

At the age of 18 John was drafted to serve in Vietnam. While there, he was paralyzed by a shrapnel wound to the lower back, but with much hard work, John overcame many of his symptoms. Upon his return to the United States John secured a job as a clerk in a hardware store and worked in that position for two years. However, as that job gave him little opportunity for advancement, he eventually quit and accepted a higher paying position selling furniture and household appliances in a large department store. After working in that position for slightly more than a year, John moved into another sales position in a large retail store. He has worked there for several years and has recently been given the responsibility of supervising and training new employees.

During the past few years, John also dated and eventually married a woman he met through one of his friends. He and his wife now have a one-year-old girl and have recently purchased a new home. John has also been taking business classes at a local community college in the evenings and hopes to eventually earn a degree in business management. He is currently applying for other jobs in the business field. He is dissatisfied with his present job because it offers no opportunity for further advancement and does not pay a high enough salary.

APPENDIX D

APPLICANT HISTORY: EMOTIONALLY HANDICAPPED VIETNAM VETERAN

John Carter was born and raised in the Midwest along with an older brother and a younger sister. His mother was a supervisor in a local factory and his father was a high school teacher. John states that his childhood was happy since he had many friends and was active in sports. John obtained average grades in high school and was particularly interested in business and social science courses.

At the age of 18 John was drafted to serve in Vietnam. Upon his return to the United States John was bothered by nightmares and complained of feeling jumpy. He also had a difficult time relating to people as he could not seem to become emotionally involved. His doctor indicated John was suffering from a traumatic stress disorder due to his experiences in Vietnam, but with much hard work, John overcame many of his symptoms. John secured a job as a clerk in a hardware store and worked in that position for two years. However, as that job gave him little opportunity for advancement, he eventually quit and accepted a higher paying position selling furniture and household appliances in a large department store. After working in that position for slightly more than a year, John moved into another sales position in a large retail store. He has worked there for several years and has recently been given the responsibility of supervising and training new employees.

During the past few years, John also dated and eventually married a woman he met through one of his friends. He and his wife now have a one-year-old girl and have recently purchased a new home. John has also been taking business classes at a local community college in the evenings and hopes to eventually earn a degree in business management. He is currently applying for other jobs in the business field. He is dissatisfied with his present job because it offers no opportunity for further advancement and does not pay a high enough salary.

APPENDIX E

APPLICANT HISTORY: NORMAL VIETNAM VETERAN

John Carter was born and raised in the Midwest along with an older brother and a younger sister. His mother was a supervisor in a local factory and his father was a high school teacher. John states that his childhood was happy since he had many friends and was active in sports. John obtained average grades in high school and was particularly interested in business and social science courses.

At the age of 18 John was drafted to serve in Vietnam. Upon his return to the United States, John secured a job as a clerk in a hardware store and worked in that position for two years. However, as that job gave him little opportunity for advancement, he eventually quit and accepted a higher paying position selling furniture and household appliances in a large department store. After working in that position for slightly more than a year, John moved into another sales position in a large retail store. He has worked there for several years and has recently been given the responsibility of supervising and training new employees.

During the past few years, John also dated and eventually married a woman he met through one of his friends. He and his wife now have a one-year-old girl and have recently purchased a new home. John has also been taking business classes at a local community college in the evenings and hopes to eventually earn a degree in business management. He is currently applying for other jobs in the business field. He is dissatisfied with his present job because it offers no opportunity for further advancement and does not pay a high enough salary.

APPENDIX F

APPLICANT HISTORY: PHYSICALLY HANDICAPPED NON-VETERAN

John Carter was born and raised in the Midwest along with an older brother and a younger sister. His mother was a supervisor in a local factory and his father was a high school teacher. John states that his childhood was happy since he had many friends and was active in sports. John obtained average grades in high school and was particularly interested in business and social science courses.

At the age of 18 John was involved in an incident where a tornado destroyed much of his home town. John sustained an injury to his lower back which left him paralyzed, but with much hard work, John overcame many of his symptoms. Upon recuperating, he secured a job as a clerk in a hardware store and worked in that position for two years. However, as that job gave him little opportunity for advancement, he eventually quit and accepted a higher paying position selling furniture and household appliances in a large department store. After working in that position for slightly more than a year, John moved into another sales position in a large retail store. He has worked there for several years and has recently been given the responsibility of supervising and training new employees.

During the past few years, John also dated and eventually married a woman he met through one of his friends. He and his wife now have a one-year-old girl and have recently purchased a new home. John has also been taking business classes at a local community college in the evenings and hopes to eventually earn a degree in business management. He is currently applying for other jobs in the business field. He is dissatisfied with his present job because it offers no opportunity for further advancement and does not pay a high enough salary.

APPENDIX G

APPLICANT HISTORY: EMOTIONALLY HANDICAPPED NON-VETERAN

John Carter was born and raised in the Midwest along with an older brother and a younger sister. His mother was a supervisor in a local factory and his father was a high school teacher. John states that his childhood was happy since he had many friends and was active in sports. John obtained average grades in high school and was particularly interested in business and social science courses.

At the age of 18 John was involved in an incident where a tornado destroyed much of his home town. Later, John was bothered by nightmares and complained of feeling jumpy. He also had a difficult time relating to people as he could not seem to become emotionally involved. His doctor indicated John was suffering from a traumatic stress disorder due to his experiences in the tornado, but with much hard work, John overcame many of his symptoms. John secured a job as a clerk in a hardware store and worked in that position for two years. However, as that job gave him little opportunity for advancement, he eventually quit and accepted a higher paying position selling furniture and household appliances in a large department store. After working in that position for slightly more than a year, John moved into another sales position in a large retail store. He has worked there for several years and has recently been given the responsibility of supervising and training new employees.

During the past few years, John also dated and eventually married a woman he met through one of his friends. He and his wife now have a one-year-old girl and have recently purchased a new home. John has also been taking business classes at a local community college in the evenings and hopes to eventually earn a degree in business management. He is currently applying for other jobs in the business field. He is dissatisfied with his present job because it offers no opportunity for further advancement and does not pay a high enough salary.

APPENDIX H

APPLICANT HISTORY: NORMAL NON-VETERAN

John Carter was born and raised in the Midwest along with an older brother and a younger sister. His mother was a supervisor in a local factory and his father was a high school teacher. John states that his childhood was happy since he had many friends and was active in sports. John obtained average grades in high school and was particularly interested in business and social science courses.

At the age of 18 John secured a job as a clerk in a hardware store and worked in that position for two years. However, as that job gave him little opportunity for advancement, he eventually quit and accepted a higher paying position selling furniture in a large department store. After working in that position for slightly more than a year, John moved into another sales position in a large retail store. He has worked there for several years and has recently been given the responsibility of supervising and training new employees.

During the past few years, John also dated and eventually married a woman he met through one of his friends. He and his wife now have a one-year-old girl and have recently purchased a new home. John has also been taking business classes at a local community college in the evenings and hopes to eventually earn a degree in business management. He is currently applying for other jobs in the business field. He is dissatisfied with his present job because it offers no opportunity for further advancement and does not pay a high enough salary.

APPENDIX I: PERSONAL ATTRIBUTE INVENTORY

DIRECTIONS: This instrument contains a list of adjectives. Read through the list and select exactly 30 words which you think best describe John Carter. Indicate your selection by placing an **X** in the appropriate space next to each word.

****

_____active	_____healthy	_____rude
_____affectionate	_____helpful	_____self-centered
_____alert	_____hostile	_____self-confident
_____appreciative	_____humorous	_____self-controlled
_____awkward	_____imaginative	_____self-pitying
_____bitter	_____impatient	_____selfish
_____calm	_____industrious	_____shallow
_____careless	_____initiative	_____shiftless
_____cheerful	_____intolerant	_____show-off
_____clear-thinking	_____inventive	_____sincere
_____complaining	_____irresponsible	_____slipshod
_____conceited	_____irritable	_____snobbish
_____confident	_____jolly	_____spineless
_____confused	_____kind	_____stable
_____conscientious	_____mannerly	_____steady
_____cooperative	_____masculine	_____stingy
_____cowardly	_____nagging	_____strong
_____cruel	_____natural	_____sulky
_____deceitful	_____obnoxious	_____sympathetic
_____dependable	_____organized	_____tactful
_____despondent	_____original	_____tactless
_____determined	_____patient	_____thankless
_____energetic	_____pleasant	_____tolerant
_____fairminded	_____poised	_____touchy
_____fickle	_____prejudiced	_____trusting
_____foolish	_____progressive	_____undependable
_____foresighted	_____quarrelsome	_____understanding
_____forgetful	_____queer	_____unfriendly
_____gloomy	_____quitting	_____unintelligent
_____good-natured	_____rational	_____unkind
_____greedy	_____rattlebrained	_____warm
_____handsome	_____relaxed	_____weak
_____hasty	_____resentful	_____whiney
	_____resourceful	

APPENDIX J: SOCIAL REJECTION INDEX

DIRECTIONS: The following inventory contains a list of statements that refer to John Carter. Read each item carefully and determine if it is true for you. Circle the appropriate word indicating you **agree, disagree,** or are **uncertain** about the statement.

****

1. If I owned or managed a small store and needed to hire another employee and this man applied for the job, I would be inclined to hire him.

   Disagree Uncertain Agree

2. If I were working for this man, I would probably think he was a good boss.

   Disagree Uncertain Agree

3. I would be willing to work with someone like this as a partner on a school project.

   Disagree Uncertain Agree

4. If this man lived next door to me and I needed a baby-sitter for an evening, I think I might ask him to babysit.

   Disagree Uncertain Agree

5. If I had a room to rent in my home, I would be willing to rent it to someone like this.

   Disagree Uncertain Agree

6. I would be willing to have someone like this join a favorite club or organization of mine.

   Disagree Uncertain Agree

7. If this man were running for a local public office, I would <u>NOT</u> vote for him.

   Disagree Uncertain Agree

8. I would be willing to work on a regular job with someone like this.

   Disagree Uncertain Agree

9. I would discourage my children from marrying someone like this.

Disagree Uncertain Agree

APPENDIX K: SEMANTIC DIFFERENTIAL

DIRECTIONS: On the scales below, please rate John Carter in relation to the adjectives listed. Here is an example of how you are to use these scales:

Neat_____:_____:_____:_____:_____:_____:_____Sloppy
1 2 3 4 5 6 7

1 = EXTREMELY neat
2 = QUITE neat
3 = SLIGHTLY neat
4 = NEUTRAL - neither neat nor sloppy
5 = SLIGHTLY sloppy
6 = QUITE sloppy
7 = EXTREMELY sloppy

IMPORTANT: Please be sure to check every scale even if it seems unusual to you. Never put more than one check mark on a single scale. Don't spend more than a few seconds on each since we want the first idea that comes to mind.
****

1. Wise ___:___:___:___:___:___:___Foolish
2. Familiar ___:___:___:___:___:___:___Strange
3. Intelligent ___:___:___:___:___:___:___Ignorant
4. Active ___:___:___:___:___:___:___Passive
5. Sincere ___:___:___:___:___:___:___Insincere
6. Predictable ___:___:___:___:___:___:___Unpredictable
7. Strong ___:___:___:___:___:___:___Weak
8. Fast ___:___:___:___:___:___:___Slow
9. Mysterious ___:___:___:___:___:___:___Understandable
10. Rugged ___:___:___:___:___:___:___Delicate
11. Warm ___:___:___:___:___:___:___Cold
12. Clean ___:___:___:___:___:___:___Dirty
13. Safe ___:___:___:___:___:___:___Dangerous
14. Relaxed ___:___:___:___:___:___:___Tense
15. Valuable ___:___:___:___:___:___:___Worthless
16. Healthy ___:___:___:___:___:___:___Sick
17. Good ___:___:___:___:___:___:___Bad

APPENDIX L

EMPLOYMENT QUESTIONNAIRE

DIRECTIONS: Please answer the following questions accordingly.

****

1. If you were an employer, would you hire John Carter?

_____YES, I would hire John Carter.

_____NO, I would not hire John Carter.

2. How confident are you that your decision on question 1 was a good one? Please rate your degree of confidence on the scale below.

Very Unsure_____:_____:_____:_____:_____:_____:_____Extremely Confident

3. If you were an employer, would you be inclined to hire John Carter if a number of other applicants with similar levels of work experience were also applying for the job?

_____YES, I would hire John Carter.

_____NO, I would not hire John Carter.

4. How confident are you that your decision on question 3 is a good one? Please rate your degree of confidence on the scale below.

Very Unsure_____:_____:_____:_____:_____:_____:_____Extremely Confident

APPENDIX M

DANGEROUSNESS RATING SCALES

1. Do you think this individual is dangerous?

YES NO

2. If yes, please rate how dangerous on the following scale:

Very Safe_____:_____:_____:_____:_____:_____:_____Very Dangerous

APPENDIX N

Manipulation Check

Please answer the following questions:

1. Do you understand the purpose of this study? Please circle:

YES NO

2. Please describe the purpose of this study.

APPENDIX O

TRANSCRIPT FOR SIMULATED JOB INTERVIEW

Interviewer (I): Well Mr. Carter, I've had a chance to look over your application, and it looks pretty sound.

Applicant (A): Thank you, Mr. Nelson.

I: I wonder if we could first talk a bit about your current job. Tell me something about McGees Department Store.

A: O.K. McGees is a large retail outfit that sells a wide variety of clothing goods, furniture, and household goods and appliances. We are one of ten McGees stores located throughout the Midwest.

I: What do you do at McGees?

A: Well, I do a variety of things right now. When I started off, I spent all my time as a salesman in the furniture department. I also worked in housewares and hardware from time to time when other employees were on vacation. I still spend part of my time selling furniture, and that time varies from week to week. But I am also responsible for filling out purchase orders and I help supervise and train new employees.

I: I see. Can you tell me what aspects of your job you like most?

A: Well, let me think for a second. I guess I like most everything in the job. When sales are up, it can be very stimulating. I especially like the managerial aspects of my job such as determining what to purchase for our department and when the best time to buy would be. I guess I like the challenge of keeping it all organized. I also like training new help.

I: O.K. Now perhaps we might turn the coin over. What are some things about your job you dislike?

A: One of the things I don't like too much anymore is the sales aspect of my job. It can be O.K. when the economy is good and lots of people are buying, but lately things have been really slow and I've been very bored. I just don't think I want to do sales work anymore. I'm more interested in managerial positions. I really like the supervisory work I do now. Unfortunately, McGees doesn't have much of a turnover in their managerial staff, so if I stay there, I

will probably be stuck in my present position for a long time.

I: I see. Well now, your application indicates that you worked in the housewares department of Marks and Robinsonbefore you began at McGees. Is that correct?

A: Yes, I worked there for approximately a year selling furniture and household appliances.

I: What did you think of that job?

A: Well, to be honest, it wasn't a very good company to work for.

I: Can you elaborate on that?

A: Yes. I guess I just don't think it was well managed. They had outdated and confusing purchasing and billing procedures. Halfof the time, customers would complain because we were outof particular items or because they had to wait too long to get shipments we promised them. Management also made lots of promises to staff regarding salary increases andbonusesthat were seldom kept. They also put lots of pressure on usto increase our sales volume.

I: It sounds like you were dissatisfied about a lot of things that were happening there. Did you talk to your supervisor about any of your concerns?

A: I tried. I talked to my supervisor, Mr. Johnson, but that turned out to be a waste of time. I don't mean to beunkind, but he was a very difficult person to work for. He was very nervous and I can understand that because he had a lot of responsibilities, but he just wasn't open to feedback from his staff. I think he felt threatened and wanted to make sure we knew who was boss. I don't think anyone was ever able to please Mr. Johnson. He kind of expected miracles and I don't think anyone could have performed to his satisfaction.

I: It seems like you are more satisfied with your current job with McGees that you were at Marks and Robinson.

A: That's certainly true. McGees is a much more efficient place to work at. They also pay much better and treat their staff better.

I: What do you think of your supervisor on this job?

A: I like him pretty well. We don't always see eye to eye on everything, but he usually seems to value my opinion.

I: Can you give me a recent example when you didn't agree with him and tell me how you worked it out?

A: ...Well, yes. About two months ago we hired a new man and I was given the responsibility of breaking him in. It quickly became apparent that he wasn't cut out for the job. He consistently came to work late, even after I stressed repeatedly how important it was for him to be on time. Also, he really had a hard time talking to customers. I suggested to Mike Evans, my boss, that we either transfer the employee to another department where he would have less contact with people or let him go. Mike didn't think I had given him enough of a chance. I thought I'd given him plenty of time to improve and told Mike so, but I agreed to try working with him one more month. The employee's performance deteriorated even further, as I predicted, and we eventually had to fire him.

I: O.K. Mr. Carter, how would you say your current job has prepared you for greater responsibilities?

A: Hum...I think mostly by exposing me to a variety of aspects of the retail business. As I've already said, its given me exposure to several different departments and to various tasks including sales, purchasing, and some supervision of employees. I think my having started at the bottom of a retail organization will help me be a more effective administrator as I move on up into management. Hopefully, I'll have the understanding for the day to day hassles of being a salesman that I would not have if I had come right into a managerial position from college without having had any direct retail experience.

I: Speaking of college, why don't we shift gears a bit now and talk about your educational background. You're currently taking classes at the university, is that correct?

A: Yes, I've been taking night classes for several years. I'm working toward a degree in business management.

I: I see. How much longer will it take you to get your degree?

A: Well, I only have time to take about two classes a quarter while I'm working full time. At that rate,

it will take me probably another year to finish.

I: What sorts of business courses have you completed?

A: I had classes in business law, business writing, marketing, and personnel management and I've taken several accounting courses.

I: How are your grades in school?

A: So far, I have about a 3.0 grade point average.

I: Are there any courses that have been particularly difficult for you?

A: I think business statistics and advanced accounting courses were a bit tough. I'm a really good writer, but working with numbers is more difficult for me.

I: Mr. Carter, if you had to describe yourself to someone who didn't know you, what would you say?

A: I guess I'd say I was sort of friendly; an easy going type guy who gets along O.K. with most people.

I: What would you consider to be your more outstanding strengths?

A: I guess I'm pretty loyal, hardworking, and conscientious. Also I'm good at organizing things.

I: Would you say you have good administrative skills?

A: Yes, I think so. I'm pretty good at solving problems when they come up and I try hard to keep things organized and running smoothly and efficiently.

I: You have told me about your strong points, now tell me about some of your limitations and areas you'd like to improve.

A: That's a lot harder to answer. I suppose in the past I've not always been as assertive as I could have been.

I: O.K. What would you say are some of the personal qualities you like to have in people who work for you?

A: Honesty and reliability are definitely important. Also someone who doesn't have to be told what to do all the time. I like employees who are easy to talk to and who don't complain a lot.

I: What about your supervisors? What sorts of qualities do you like and dislike in them?

A: I guess I like supervisors who respect my opinions and ideas and will listen to my concerns. I'm not crazy about authoritarian, demanding types who don't listen to their staff.

I: I see. Tell me what you are looking for in a new job.

A: I'm looking for a job with a larger company than my present one. I want a job that offers a better chance for advancement than I have now. I want to move further into management. I also want more responsibility than I have now and the freedom to make more decisions.

I: What are your long term career objectives? What do you see yourself doing five or ten years from now?

A: What I hope to do is to first move into a position as department manager. I want to learn all I can while at that position then I hope to move up in the organization. I'm not exactly sure to what, but maybe a district manager position where I would oversee and evaluate operations at several stores.

I: Perhaps now would be a good time for me to give you some information about our company and the job we have open.

A: Yes, I would like that.

APPENDIX P: DEBRIEFING SCRIPT

The purpose of this study was to examine attitudes toward various disability groups. I have two different videotapes: one where the man is in a wheelchair and one where he is ambulatory or walking. And I have six different applicant histories: two that say he's physically handicapped, two that say he's emotionally disabled, and two that say he's normal. Also the cause of his disability is varied: some stories say it is due to the Vietnam War and some say it is due to a natural disaster.

What I'm looking to see is if the physical or emotional handicap is likely to keep the man from being hired. Also whether being a veteran or non-veteran makes a difference in hiring decisions, social rejection, or dangerousness ratings. And lastly, there has been some research showing that women assessing this man will be more lenient than men assessing this man and I want to see if I get those same results.

Do you have any questions or comments on what I was doing? Thank you for your time.